COMPANY NAME		JOB INVOICE CLERK DATE			AB 00000 20		
ADDRESS ADDRESS				PHONE DAY		TARGET COMPLETION	20
ADDRESS				PHONE EVG.		FAX	20
				JOB LOCATION			
•							
ГО		OTHER					
•							
•				YOUR ORDER		OUR ORDER	
			DESCRIPTION	OF WORK			
N.	MATERIAL		PRICE AI	MOUNT	OTHER CHA	₹S	AMOUN
						TOTAL OTHER	
					LABOUR	TOTAL HOURLY HOURS RATE	AMOUN
				DATE COMPI		LABOUR	
				DATE COMPI	LETED 20	LABOUR	
MS		TOTAL MA	TERIALS	DATE COMPI			
MS:		TOTAL MA	TERIALS	DATE COMP		OTHER MATERIALS	
MS:		TOTAL MA	TERIALS	DATE COMPI		OTHER MATERIALS TOTAL CHARGES	
RMS:		TOTAL MA	TERIALS	DATE COMPI		OTHER MATERIALS TOTAL CHARGES G.S.T./H.S.T.	
	1EAD WITH THE ABOVE DES				20	OTHER MATERIALS TOTAL CHARGES	

 DATE	20	