

Company Name

RECEIPT

INVOICE # 00-000000

DATE 6/24/2013

MAILING
INFO

Street Address

City, ST ZIP

Phone: (000) 000-0000

Fax: (000) 000-0000

BILL
TO

Name

Customer ID:

Street Address

City, ST ZIP

Phone: (000) 000-0000

DESCRIPTION

AMOUNT

Service Fee

145.12

Labor: 5 hours at \$75/hr

375.00

OTHER COMMENTS

1. Total payment due in 30 days
2. Please include the invoice number on your check

SUBTOTAL	\$	620.12
TAXRATE		0.000%
TAX	\$	-
SS/H	\$	-
DISCOUNT	\$	(60.00)
TOTAL	\$	470.12

Thank You For Your Business!

Make all checks payable to:
Your Company Name