[Company Name]

INVOICE

[Street Address] [City, ST ZIP] Phone: (000) 000-0000

INVOICE #	DATE
[123456]	5/1/2014

BILL TO

[Name] [Company Name] [Street Address] [City, ST ZIP] [Phone] [Email Address]

DESCRIPTION		AMOUNT
Service Fee		200.00
Labor: 5 hours at \$75/hr		375.00
New client discount		(50.00)
Tax (4.25% after discount)		26.56
Thank you for your business!	TOTAL	\$ 551.56

If you have any questions about this invoice, please contact [Name, Phone, email@address.com]

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