



[Street Address]
[City, State, ZIP Code]
[Phone]
[Email Address]
[Company Website]

Date 9/11/2021
Invoice # 8657
Due Date 9/11/2021

BILL TO

[Recipient Name]
[Company Name]
[Street Address]
[City, State, ZIP Code]
[Phone]

SHIP TO

[Recipient Name]
[Company Name]
[Street Address]
[City, State, ZIP Code]
[Phone]

DESCRIPTION	QTY	UNIT PRICE	AMOUNT
Product 1	2	\$ 50	\$ 100
Product 2	4	\$ 60	\$ 240
Labor	14	\$ 60	\$ 840

Subtotal	\$ 1,180.00
Discounts	\$ 0.00
Taxes	\$ 70.8
Total	\$ 1250.8