INVOICE

[Company Name]
[Company Slogan]

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

DATE	12/17/2010
INVOICE #	[123456]
Customer ID	[123]

BILL TO
[Name]
[Company Name]
[Street Address]
[City, ST ZIP]
[Phone]

DESCRIPTION	TAXED	AMOUNT
[Service Fee]		250.00
[Labor: 5 hours @ $75/hr]		375.00
[Parts]	X	345.00

Subtotal	$	950.00
Taxable	$	345.00
Tax rate		6.25%
Tax due	$	21.56
Other	$	-
TOTAL Due	$	971.56

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

Make all checks payable to
[Your Company Name]

If you have any questions about this invoice, please contact
[Name, Phone #, Email]

Thank You For Your Business!

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