[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 375/hr		375.00
New olient discount		(50.00)
Tax (4.25% after discount)		26.56
	TOTAL	

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