[Company Name]

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

INVOICE

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)	20.50
Thank you for your business! TOTAL	$ 554.50

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

TEMPLATE BY VERTEX42.COM