

[Company Name]

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

INVOICE

INVOICE #	DATE
11234567	5/1/2014

BILL TO

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

DESCRIPTION	AMOUNT
Annual Fee	200.00
Lesson 5 hours at \$75/hr	375.00
New client discount	(50.00)
Tax (4.25% after discount)	28.56
Thank you for your business!	
TOTAL	\$ 554.56

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