Company Name

INVOICE

Date Invoice # Customer ID Due Date

Quantity

Subtotal

Tax Rate

Tax Due

TOTAL

5

Street Address	
City, State, Zip Code	
Phone: (123) 456-7890	
Fax: (123) 456-7890	

Website, www.mvaccountingcourse.com

Amount

825.00

49.50

874.50

6%

Bill To: Customer Name

Description

Street Address City, State, Zip Code Phone

Other Information

Enter Paymer L terms here

Productive and the contract of		A THE RESIDENCE OF THE PARTY OF
Service 1	Ş	100.00
Labor: 10 hours at \$55 an hour	100	550.00
Parts		175.00
	1 1	

Please let us know if you have any questions. We are here to help!

(Company Name and contact info here) Thank you for your business!