[Company Name]

INVOICE

[Street Address] [City, ST_ZIP] Phone: (000) 00000000

INVOICE #	DATE
11234561	5/1/2014

BILL TO

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

700 000 000 000 00	AMOUNT
Service Fee	200.00
Labor, 5 hours at 375/hr	375.00
New client discount	(50.00)
Tax (4.25% after discount)	20.50

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