Company Name

Signed Address.

Other Information

INVOICE

825.00

49.50 874.50

Date-I

Subtotal

City, State, Zip Code	Invoice #	
Phone: (123) 456-7890	Customer ID	
Fax: (1.23) 456-7890	Due Date	
Website: www.myaccountingcourse.com		
BASE THE		

Bill Tel	
Customer Name	
Screet Address	

Street Address City, State, Zip Code Phone

Description	Quartity	Amount
Service 1 Labor: 10 hours at \$55 an hour Parts	5	100.00 550.00 175.00

Enter Payment terms nere	Tax Due	Tax Due		
	TOTAL	5		

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!