

[Company Name]

[Street Address]

[City, ST ZIP]

[Phone: (555) 555 5555]

INVOICE

INVOICE #	DATE
1234567	5/1/2014

BILL TO

[Name]

[Company Name]

[Street Address]

[City, ST ZIP]

[Phone]

[Email address]

DESCRIPTION	AMOUNT
Service Fee	100.00
Labour: 5 hours at \$75/hr	375.00
Parts (incl. discounts)	(50.00)
Tax (4.25% after discount)	20.56
Thank you for your business!	
TOTAL	\$ 445.56

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