

INVOICE

[Company Name]

[Street Address]

[City, ST ZIP]

[Phone: (000) 000-0000]

INVOICE #	DATE
[123456]	[01/15/2014]

BILL TO

[Name]

[Company Name]

[Street Address]

[City, ST ZIP]

[Phone]

[Email Address]

DESCRIPTION	AMOUNT
Service Fee	500.00
Labor: 3 hours at \$75/hr	225.00
New client discount	(80.00)
Tax (4.50% after discount)	20.50
TOTAL	\$ 664.50
Thank you for your business!	

If you have any questions about this invoice, please contact

[Name, Phone, Email@address.com]