

INVOICE

[Company Name]

[Street Address]
[City, ST ZIP]
Phone: (000) 000 0000

INVOICE #	DATE
[123456]	8/1/2014

BILL TO

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

DESCRIPTION	AMOUNT
Service Fee	500.00
Labor: 8 hours at \$75/hr	600.00
New client discount	(50.00)
Tax (4.5% after discount)	28.88
TOTAL	\$2,128.88

Thank you for your business!

If you have any questions about this invoice, please contact
[Name, Phone, Email, Address, etc.]