

Company Name

[Street Address]

[City, ST ZIP]

Phone: [000-000-0000]

Fax: [000-000-0000]

Website: somedomain.com

INVOICE

DATE	5/21/2020
INVOICE #	[123456]
CUSTOMER ID	[123]
DUE DATE	6/20/2020

BILL TO

[Name]

[Company Name]

[Street Address]

[City, ST ZIP]

[Phone]

DESCRIPTION	TAXED	AMOUNT
[Service Fee]		230.00
[Labor: 5 hours at \$75/hr]		375.00
[Parts]	X	345.00

Subtotal	950.00
Taxable	345.00
Tax rate	6.250%
Tax due	21.56
Other	-
TOTAL	\$ 971.56

OTHER COMMENTS

1. Total payment due in 30 days
2. Please include the invoice number on your check

Make all checks payable to
[Your Company Name]

If you have any questions about this invoice, please contact
[Name, Phone #, E-mail]

Thank You For Your Business!