## [Company Name]

**INVOICE** 

[Street Address] [City, ST ZIP]

Phone: (000) 000-0000

INVOICE #	DATE		
2034	24/05/2019		
	TERMS		
CUSTOMER ID	TERMS		

## **BILL TO**

[Name]

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

[Email Address]

## SHIP TO

[Name]

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

DESCRIPTION	QTY	UNIT PRICE	AMOUNT
Service Fee	1	200.00	200.00
Labor: 5 hours at \$75/hr	5	75.00	375.00
New client discount		(50.00)	(50.00)
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
Thank you for your business!	тот	AL	525.00