[Company Name]

INVOICE

[Street Address] [Cry. ST. 239]

Phone: (000) 500-5000

M/OCE#	CATE	
2024	5/1/2014	
CUSTOMER ID	TERMS	
554	Net 80 Days	

SILL TO

Diamon)

(Company Name)

[Street Address]

JOHN ST ZIP)

(Phone)

[Email Address]

BHP 70

[Name]

(Company Name)

(Street Address)

[CRy ST ZIF]

[Finank]

DESCRIPTION	OTY.	UNIT PRICE	AMOUNT
Service fiee	Ť	200.60	200 38
abor 5 hours at \$75 hr	N	7000	275.00
New client die count	200	(50.00)	(90.00)
			3.0
			8.5
			1000
			2.0
			5.3
			1,041
			500
			-
Thenk you for your business	101/	TOTAL	

Typu have anyquestons about this involce, please context (Name, Frome, email@address.com)