

# INVOICE

**Invoice Number:** INV-2025-001157      **Invoice Date:** 2025-11-20  
**Due Date:** 2025-12-04      **Status:** Paid

## BILL TO:

**Name:** John Smith  
**Email:** john.smith@example.com  
**Phone:** (555) 123-4567  
**Address:** 123 Main Street, Springfield, IL 62701

## SERVICES:

Description	Qty	Rate	Amount
Plumbing Service - Leak Repair	1	■150.00	■150.00
Parts - Faucet Cartridge	1	■45.00	■45.00
Labor - 2 hours	2	■50.00	■100.00

Subtotal: ■295.00

Tax (8%): ■23.60

**Total:** ■318.60

*Thank you for your business!*