

[Company Name]

[Company Slogan]

[Street Address]

[City, ST ZIP]

Phone: (000-000-0000)

Fax: (000-000-0000)

INVOICE

DATE: 12/10/2010

INVOICE # [123456]

Customer ID [123]

BILL TO

[Name]

[Company Name]

[Street Address]

[City, ST ZIP]

[Phone]

DESCRIPTION	TAXED	AMOUNT
[Service Fee]		250.00
[Labor: 5 hours at \$75 / hr]		375.00
[Parts]	X	345.00

Subtotal \$ 950.00

Taxable \$ 345.00

Tax rate 0.250%

Tax due \$ 21.56

Other \$ -

TOTAL Due \$ 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!