## [Company Name]

INVOICE

[Street Address] [City, ST ZIP]

Phone: (000) 000 0000

INVOICE #	DATE
[123 458]	5/1/2014

## BILL TO

[Name]

[Company Name]

[Street Address]

[City. ST ZIP]

[Phone]

[Fmall Address]

DESCRIPTION	AN	IOUNI
Service Fee		200 00
Labor: 5 hours at \$75/hr		375.00
New client discount		(50,00

[Name. Phone. email@address.com]