[Company Name]

[Company Slogan]

[Stress Address]

[City, ST ZIP]

Phone: [000-000-0000]

Fax: [000-000-0000]

BILL TO

[Name Here]

[Company Name]

[Stress Address]

[City, ST ZIP]

[Phone]

DESCRIPTION	TAXED	AMOUNT
[Service Fee]		230.00
[Labor 5 hours at $75/hr]		375.00
[Parts]	X	345.00

Subtotal	$	950.00
Taxable	$	345.00
Tax rate		6.250%
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!

Free Invoice Template