Company Name

INVOICE

Street Address City, State, Zip Code Phone: (123) 456-7890

Fax: (123) 456-7890 Website: www.myaccountingcourse.com

Date	
Invoice #	
Customer ID	
Due Date	

Bill To:

Customer Name Street Address City, State, Zip Code Phone

Description	Quantity	Amount
Service 1		\$ 100.00
Labor: 10 hours at \$55 an hour		550.00
Parts		175.00

Other Information	Subtotal	825.00
Enter Payment terms here	Tax Rate	6%
	Tax Due	49.50
	TOTAL 5	874.50

Please let us know if you have any questions. We are here to help! (Company Name and contact info here)

Thank you for your business!