[Company Name]

INVOICE

[Street Address] [City, ST_ZIP]

Phone: (000) 000-0000

INVOICE #	DATE
[123456]	5/1/2014

BILL TO

[Name]

[Company Name]

[Street Address]

[City, ST ZIP]

[Phone]

[Email Address]

DESCRIPTION	AMOUNT
Service Fee	200.00
Labor. 5 hours at 375/hr	375.00
New olient discount	(50.00)
Tax (4.25% after discount)	26.56

If you have any questions about this invoice, please contact [Name, Phone, email@address.com]