

Zaid Software Solutions
[Street Address]
[City, ST ZIP]
Phone: (000) 000-0000

INVOICE

Invoice No.	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 \$75/hr	\$375.00
New client discount	(\$60.00)
Tax (4.25% after discount)	\$28.56
TOTAL	\$551.56

Thank you for your business!
If you have any questions, contact [Name, Phone, Email]