

Zaid

[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]