## [Company Name]

**INVOICE** 

[Street Address]

[City, ST ZIP]

Phone: (000) 000-0000

INVOICE # DATE 2/21/2018

CUSTOMER ID TERMS

564 Due Upon Receipt

## BILL TO

[Name]

[Company Name]

(Street Address)

[City, ST ZIP]

[Phone]

[Em ail Address]

DESCRIPTION	QTY	UNIT PRICE	AMOUNT
Service Fee	1	200.00	200.00
Labor: 5 hours at \$75/hr	5	75.00	375.00
New client discount		(50.00)	(50.00)
			14.0
7			
			10.0
			1.5
Thank you for your business!	SUBTOTAL		525.00
	TAX RATE		4.250%
	TAX		22.31
	TOTA	L S	547.31