



# INVOICE

**Invoice Number** 7860  
**Date of Issue** 2021-09-01  
**Guest Name** Dr. Lindsay Johnson  
DVM  
**Guest Address** 187 Timothy Vista  
New Jessica, ND  
12114

No.	DATE	DESCRIPTION		AMOUNT
1	2021-09-01	Guest room		\$180
2	2021-09-01	Breakfast		\$30
Subtotal				\$210
Discounts				\$28
Taxes				\$16.2
Total				\$198.2