

[Company Name]

[Street Address]

[City, ST ZIP]

Phone: (000) 000-0000

INVOICE

INVOICE #

2034

DATE

2/21/2018

BILL TO

[Name]

[Company Name]

[Street Address]

[City, ST ZIP]

[Phone]

[Email Address]

CUSTOMER ID

564

TERMS

Due Upon Receipt

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)
			-
			-
			-
			-