

Phone: (000) 000-0000

INVOICE

INVOICE #	DATE
2034	2/21/2018

CUSTOMER ID	TERMS
564	Due Upon Receipt

BILL TO

[Name]

[Company Name]

[Street Address]

[City, ST ZIP]

[Phone]

[Email Address]

[illegible]

If you have any questions about this invoice, please contact
[Name, Phone, email@address.com]

[Company Name]

INVOICE

[Street Address]

[City, ST ZIP]

Phone: (000) 000-0000

INVOICE #	DATE
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2034

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564

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)
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-

			-
			-
<i>Thank you for your business!</i>	SUBTOTAL		525.00
	TAX RATE		4.250%
	TAX		22.31
	TOTAL	\$	547.31

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[Name, Phone, email@address.com]