[Company Name]

INVOICE

[Street Address]

[City, ST ZIP]

Phone: (000) 000-0000

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]

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)	
			-	
			-	
			-	
			-	
			-	
			-	
			-	
			-	
			-	
			-	
			-	
			-	
Thank you for your business!	SUBT	OTAL	525.00	
	TAX R	ATE	4.250%	
	TAX		22.31	
	TOTA	AL	\$ 547.31	

[Company Name]

INVOICE

[Street Address]

[City, ST ZIP]

Phone: (000) 000-0000

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			-
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	TAX		22.31
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If you have any questions about this invoice, please contact [Name, Phone, email@address.com]