[Company Name]

[Street Address]
[City, ST ZIP]
Phone: (000) 000-0000

INVOICE

INVOICE #	DATE
2034	5/1/2014
CUSTOMER ID	TERMS
564	Net 30 Days

BILL TO	SHIP TO
[Name]	[Name]
[Company Name]	[Company Name]
[Street Address]	[Street Address]
[City, ST ZIP]	[City, ST ZIP]
[Phone]	[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!	**TOTAL**		**525.00**

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