## [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

## BILLTO

[Name]

[Company Name]

[Street Address]

[City, ST ZIP]

[Phone]

[Em ail 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)
			1,44
			343
			17277
			(*).
			741
			1(*)
			(00)
7)			
			(1.07)
Thank you for your business!	SUBT	OTAL	525.00
	TAX R	ATE	4.250%
	TAX		22.31
	TOTA	L	5 547.31

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