

Company Name

INVOICE

[Street Address] [City, ST ZIP]

Phone: [000-000-0000] Fax: [000-000-0000] Website: somedomain.com DATE INVOICE # CUSTOMER ID DUE DATE

2020/9/22	
[123456]	
[123]	
2020/10/22	

BILL TO

[Name] [Company Name] [Street Address] [City, ST_ZIP]

[Phone]

DESCRIPTION	TAXED	AMOUNT
[Service Fee]		230.00
[Labor: 5 hours at \$75/hr]		375.00
[Parts]	X	345.00

OTHER COMMENTS

- 1. Total payment due in 30 days
- 2. Please include the invoice number on your check

TOTAL	\$	971.56
Other		
Tax due		21.56
Tax rate		6.250%
Taxable		345.00
Subtotal		950.00

Make all checks payable to [Your Company Name]

If you have any questions about this invoice, please contact [Name, Phone #, E-mail]

Thank You For Your Business!