



# Sample Invoice

**Leon Petrou, Inc.**  
155 West Street, WeWork  
United States  
(888) 308-8851

**Date**  
11/04/2023  
**Invoice Number**  
17418

**Bill To:**  
Eabox  
78 Maple Wood Street  
Bremerhaven  
920-235-2199  
ogooderelw@mayoclinic.com

DESCRIPTION	AMOUNT (USD)
Service Fee	1279
Additional Fee	184
Total	1463

THANK YOU FOR YOUR BUSINESS!