[Company Name]

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

INVOICE

INVOICE #	DATE
[123456]	5/1/2014

BILL TO
[Name]
[Company Name]
[Street Address]
[City, ST ZIP]
[Phone]
[Email Address]

DESCRIPTION	AMOUNT
Service Fee	200.00
Labor: 5 hours at $75/hr	375.00
New client discount	(50.00)
Tax (4.25% after discount)	26.56
Thank you for your business! **TOTAL**	**$ 551.56**

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

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