

Company Name

[Street Address]

[City, ST ZIP]

Phone: [000-000-0000] | Fax: [000-000-0000]

Website: somedomain.com

BILL TO:

[Name]

[Company Name]

[Street Address]

[City, ST ZIP]

[Phone]

DATE	12/9/2019
INVOICE #	123456
CUSTOMER ID	123
DUE DATE	1/8/2020

DESCRIPTION

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

Subtotal	950.00
Taxable	345.00
Tax Rate	6.250%
Tax Due	21.56
Other	-
TOTAL	\$971.56

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!