Company Name

[Street Address]

Phone: [000-000-0000] Fax: [000-000-0000] Website: somedomain.com

[City, ST ZIP]

DATE INVOICE # **CUSTOMER ID**

DUE DATE

1/29/2025 [123456] [123] 2/28/2025

INVOICE

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
	6 1	252.22

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!