[Company Name]

[Company Slogan]

[Stress Address] [City, ST ZIP]

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

INVOICE

DATE: INVOICE # Customer ID 8/27/2014 [123456] [123]

BILL TO:

[Name]
[Company Name]
[Stress Address]
[City, ST ZIP]
[Phone]

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

OTHER COMMENTS

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

TOTAL	\$ 605.00
OTHER	\$ -
TAX	\$ -
TAX RATE	0.000%
SUBTOTAL	\$ 605.00

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!

[Company Name]

[Company Slogan]

[Stress Address]
[City, ST ZIP]

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

INVOICE

DATE: INVOICE # Customer ID

8/27/2014	
[123456]	
[123]	

BILL TO:

[Name]
[Company Name]
[Stress Address]
[City, ST ZIP]
[Phone]

DESCRIPTION		A A .	OUNT
Items Not Subject to Sales Tax		AN	OUNT
[Labor: 5 hours at \$75/hr]		1	375.00
			373.00
	SUBTOTAL	\$	375.00
Items Subject to Sales Tax			
[Parts]			145.12
	CURTOTAL	ŕ	4.45.40
OTHER COMMENTS	SUBTOTAL TAX RATE	\$	145.12 0.000%
	TAX	Ċ	0.000%
 Total payment due in 30 days Please include the invoice number on your check 	S&H	\$ \$	_
2. Flease include the invoice number on your check	OTHER	\$	-
	TOTAL DUE	\$	520.12
		7	3 ,
	Make all ch	ecks pa	yable to
	 [Your Co		

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

Thank You For Your Business!

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