

[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
<i>Thank you for your business!</i>	TOTAL \$ 551.56

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