

[Company Name]

INVOICE

[Street Address]

[City, ST ZIP]

Phone: (000) 000-0000

INVOICE #	DATE
[123456]	01/05/2014

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