

[Company Name]

[Street Address]

[City, ST ZIP]

Phone: [000-000-0000]

Fax: [000-000-0000]

Website:

INVOICE

DATE	3/7/2018
INVOICE #	[123456]
CUSTOMER ID	[123]

BILL TO:

[Name]

[Company Name]

[Street Address]

[City, ST ZIP]

[Phone]

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

COMMENTS

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

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