[Company Name]

[Company Slogan]

INVOICE

DATE:
INVOICE #

[Stress Address] **Customer ID**
123 [City, ST ZIP]
Phone: [000-000-0000]
Fax: [000-000-0000]

BILL TO:

Name
Company
Address
Phone

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

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

OTHER COMMENTS

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

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!