**[Company Name] INVOICE**

[Street Address]

[City, ST ZIP]

**DATE**

**INVOICE#**

Phone: (000) 000-0000

2034 2/11/2018

**TERMS**

**CUSTOMER ID**

**BILL TO**

**BIBILL TO**

[Name] 564 Due upon Receipt

[Company Name]

[Street Address]

[City, ST ZIP]

[Phone]

[Email Address]

|  |  |  |  |
| --- | --- | --- | --- |
| **DESCRIPTION** | **Qty.** | **UNIT PRICE** | **AMOUNT** |
| Service Fee | 1 | 200.00 | 200.00 |
| Labor: 5 hours at $75/hr | 5 | 75.00 | 375.00 |
| New Client Discount |  | (50.00) | (50.00) |
|  |  |  |  |
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|  |  |
| --- | --- |
| **SUBTOTAL** | 525.00 |
| **TAX RATE** | 4.250% |
| **TAX** | 22.31 |
| **TOTAL** | **$ 547.31** |

|  |
| --- |
| **Thank you for your business !** |

If you have any Questions about this invoice, please contact

[Name, Phone,email]