

[Company Name]

INVOICE

[Street Address]

[City, ST ZIP]

Phone: (000) 000-0000

INVOICE #	DATE
2034	2/21/2018

CUSTOMER ID	TERMS
564	Due Upon Receipt

BILL TO

[Name]
[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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			-
			-
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