Company Name

RECEIPT

INVOICE # 00-000000

DATE 6/24/2013

MAILING INFO
Street Address
City, ST ZIP
Phone: (000) 000-0000
Fax: (000) 000-0000

BILL TO
Name
Customer ID:
Street Address
City, ST ZIP
Phone: (000) 000-0000

DESCRIPTION	AMOUNT
Service Fee	145.12
Labor: 5 hours at $75/hr	375.00

OTHER COMMENTS

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

SUBTOTAL	$	520.12
TAX RATE		0.000%
TAX	$	-
S&H	$	-
DISCOUNT	$	(50.00)
TOTAL	$	470.12

Thank You For Your Business!

Make all checks payable to:
Your Company Name