Company Name

[Street Address] [City, ST ZIP]

Phone: [000-000-0000] Fax: [000-000-0000] Website: somedomain.com

INVOICE

DATE INVOICE # CUSTOMER ID DUE DATE

12/9/2019
[123456]
[123]
1/8/2020

BILL TO

[Name]
[Company Name]
[Street Address]
[City, ST ZIP]
[Phone]

DESCRIPTION	TAXED	AMOUNT
[Service Fee]		230.00
[Labor: 5 hours at \$75/hr]		375.00
[Parts]	X	345.00

OTHER COMMENTS

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

Subtotal	950.00
Taxable	345.00
Tax rate	6.250%
Tax due	21.56
Other	-
TOTAL	\$ 971.56

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!