

[Company Name]

[Street Address]

[City, ST ZIP]

Phone: (000) 000-0000

INVOICE

INVOICE #	DATE
[000000]	00/00/0000

BILL TO

[Name]

[Company Name]

[Street Address]

[City, ST ZIP]

[Phone]

[Email Address]

DESCRIPTION	AMOUNT
Service Fee	100.00
Labor:	50.00
Client discount	
Tax	
Thank you for your business!	TOTAL \$ 150.00