|  |  |  |
| --- | --- | --- |
| [Company Name] |  | **INVOICE** |
| [Street Address] |  |  |
| [City, ST ZIP] | **INVOICE #** | **DATE** |
| Phone: (000) 000-0000 | [123456] | 5/1/2020 |
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|  |  |  |

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| --- |
| **BILL TO** |
| [Name] |
| [Company Name] |
| [Street Address] |
| [City, ST ZIP] |
| [Phone] |
| [Email Address] |

|  |  |  |
| --- | --- | --- |
| **DESCRIPTION** |  | **AMOUNT** |
|  |  |  |
| Service Fee |  | 200.00 |
| Labor: 5 hours at $75/hr |  | 375.00 |
| New client discount |  | (50.00) |
| Tax (4.25% after discount) |  | 26.56 |
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|  |  |  |
| *Thank you for your business!* | **TOTAL** | **$ 551.56** |

If you have any questions about this invoice, please contact

[Name, Phone, email@address.com]