INVOICE

|  |  |
| --- | --- |
| Invoice | Date |
|  |  |

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

If you have any questions about this invoice, please contact

[Name, Phone, email@address.com]