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]