

Business Name

INVOICE

Street Address, City, ST ZIP

Phone: (000) 000-0000 Fax: (000) 000-0000

INVOICE # 00-000000

DATE 6/24/2013

Customer INFO

Name
Street Address
City, ST ZIP
Phone: (000) 000-0000

Vehicle INFO

Year:
Make:
Model:
Color:
Mileage:

SERVICES PERFORMED

AMOUNT

Labor	150.00
Labor: 5 hours at \$75/hr	375.00

SUBTOTAL \$ 525.00

TAX RATE 0.000%

PART NAME

PART

QTY

UNIT PRICE

AMOUNT

Parts	2445689	5	75.00	375.00
				-
				-
				-
				-
				-

SUBTOTAL \$ 375.00

TAX RATE 7.500%

OTHER COMMENTS

1. Total payment due in 30 days
2. Please include the invoice number on your check
3. Please mail your check to the address listed above

TOTAL SERVICES \$ 525.00

TOTAL PARTS \$ 375.00

TOTAL TAX \$ 28.13

TOTAL \$ 928.13

Thank You For Your Business!

Make all checks payable to:
Your Company Name