|  |  |  |
| --- | --- | --- |
| [Company Name] |  | **INVOICE** |
| [Street Address] |  |  |
| [City, ST ZIP] |  |  |
| Phone: (000) 000-0000 | **INVOICE #** | **DATE** |
|  | 2034 | 5/1/2014 |
|  | **CUSTOMER ID** | **TERMS** |
|  | 564 | Net 30 Days |
|  |  |  |
|  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **DESCRIPTION** | **QTY** | **UNIT PRICE** | **AMOUNT** |
| Service Fee | 1 | 200.00 | 200.00 |
| Labor: 5 hours at $75/hr | 5 | 75.00 | 375.00 |
| New client discount |  | (50.00) | (50.00) |
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|  |  |  |  |
| *Thank you for your business!* | **TOTAL** | | **525.00** |

If you have any questions about this invoice, please contact

[Name, Phone, email@address.com]