

[Company Name]

[Street Address]

[City, ST ZIP]

Phone: (000) 000-0000



RECEIPT#

DATE

2034

2/21/2018

BILL TO

CUSTOMER ID

TERMS

[Name]

564

Due Upon Receipt

[Company Name]

[Street Address]

[City, ST ZIP]

[Phone]

[Email Address]

DESCRIPTION

QTY

UNIT PRICE

AMOUNT

Service Fee

1

250

250

Labor: 5 hours at \$75/hr

5

75

375

New client discount

-50

-50

-

-

-

-

-

-

-

-

-

-

-

-

Thank you for your business!

SUBTOTAL

575

TAX RATE

4.25%

TAX

24.4375

TOTAL

599.4375

If you have any questions about this invoice, please contact

[Name, Phone, email@address.com]