|  |
| --- |
|  |
| logo_tiny | INVOICE |
|  | DATE: | 3/31/2011 |
| [Stress Address] | INVOICE # | [123456] |
| [City, ST ZIP] | Customer ID | [123] |
| Phone: [000-000-0000] |  |  |
| Fax: [000-000-0000] |  |  |
|  |  |  |
| BILL TO |  |  |
| [Name] |  |  |
| [Company Name] |  |  |
| [Stress Address] |  |  |
| [City, ST ZIP] |  |  |
| [Phone] |  |  |
|  |  |  |
| DESCRIPTION | TAXED | AMOUNT |
| [Service Fee] |   |  230.00  |
| [Labor: 5 hours at $75/hr] |   |  375.00  |
| [Parts] | X |  345.00  |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|     | [42] | Subtotal |  $ 950.00  |
|  | Taxable |  $ 345.00  |
| OTHER COMMENTS |  | Tax rate | 6.250% |
| 1. Total payment due in 30 days |  | Tax due |  $ 21.56  |
| 2. Please include the invoice number on your check |  | Other |  $ -  |
|   |  | TOTAL Due |  $ 971.56  |

***Thank You For Your Business!***

|  |  |  |
| --- | --- | --- |
| invoice_services | * **Service one**
* **Service two**
 | * **Service one**
* **Service two**
 |