## Company Name

[Street Address]
[City, ST ZIP]
Phone: [000-000-0000]
Fax: [000-000-0000]
Website: somedomain.com


| BILL TO |  |  |
| :---: | :---: | :---: |
| [Name] |  |  |
| [Company Name] |  |  |
| [Street Address] |  |  |
| [City, ST ZIP] |  |  |
| [Phone] |  |  |
| DESCRIPTION | TAXED | AMOUNT |
| [Service Fee] |  | 230.00 |
| [Labor: 5 hours at \$75/hr] |  | 375.00 |
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| Subtotal 950.00 |  |  |
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|  |  |  |
|  | TOTAL | 971.56 |
|  | Make all checks payable to [Your Company Name] |  |

If you have any questions about this invoice, please contact
[Name, Phone \#, E-mail]
Thank You For Your Business!

