

Company Name

RECEIPT

INVOICE # 00-000000

DATE 6/24/2013

**MAILING
INFO**Street Address
City, ST ZIP
Phone: (000) 000-0000
Fax: (000) 000-0000**BILL
TO**Name
Customer ID:
Street Address
City, ST ZIP
Phone: (000) 000-0000

DESCRIPTION	AMOUNT
-------------	--------

Service Fee	145.12
-------------	--------

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

PAID

OTHER COMMENTS

- Total payment due in 30 days
- Please include the invoice number on your check

SUBTOTAL	\$	620.12
TAXRATE		0.000%
TAX	\$	-
SSH	\$	-
DISCOUNT	\$	(60.00)
TOTAL	\$	470.12

Thank You For Your Business!

Make all checks payable to:
Your Company Name