YOUR SERVICE

 LOGO INVOICE

|  |  |  |
| --- | --- | --- |
| COMPANY NAME  | INVOICE NO. | DATE |
| 123 MAIN STREET | 100001 | 02/15/16 |
| HAMILTON, OH 44416 | CUSTOMER ID | TERMS |
| (321) 456-7895 | A246 | NET 30 DAYS |
| EMAIL ADDRESS |  |  |
|  |  |  |
| **CLIENT**  | **BILL TO** |
| ATTN: NAME/DEPT | ATTN: NAME/DEPT |
| COMPANY NAME  | COMPANY NAME  |
| 123 MAIN STREET | 123 MAIN STREET |
| HAMILTON, OH 44416 | HAMILTON, OH 44416 |
| (321) 456-7894 | (321) 456-7895 |
| EMAIL ADDRESS |

|  |  |  |  |
| --- | --- | --- | --- |
| **DESCRIPTION** | **HOURS** | **RATE** | **AMOUNT** |
| CONSULTATION | 2 | 50.00 | 100.00 |
| DESIGN | 7 | 80.00 | 560.00 |
| DISCOUNT | 1 | -30.00 | -30.00 |
|  |  |  | 0.00 |
|  |  |  | 0.00 |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| REMARKS / INSTRUCTIONS: | **SUB TOTAL** | 630.00 |
| **TAX (3.8%)** | 23.94 |
| **OTHER** | 5.00 |
| **TOTAL** | $ 658.94 |

PLEASE MAKE CHECK PAYABLE TO YOUR COMPANY NAME.

**THANK YOU**

FOR QUESTIONS CONCERNING THIS INVOICE, PLEASE CONTACT

NAME, (321) 456-7890, EMAIL ADDRESS