

# Company Name

123 Main Street  
City, State 00000

# INVOICE

Date: 5/21/2008  
Invoice #: 0001

## Bill To:

Customer Name  
Customer Address  
City, State 00000

## Send To: / Services Provided At:

Customer Name  
Customer Address  
City, State 00000

Quantity	Item or Service Provided:	Amount
1	<b>Item / Service's Name</b> Description of item or service provided	\$100.00
Sub Total:		100.00
Fees:		10.00
Sales Tax:		10.00
<b>Total Amount Due:</b>		<b>\$120.00</b>

Payment Due: 06/21/2008  
Late payments are subject to:

**Make all checks payable to:** Your Company's Name  
**Any questions with this invoice, please call:** Company's #  
**THANK YOU FOR YOUR BUSINESS!**