INVOICE

Your Company Name
123 Some Street, Suite 400
Anycity, CA 98765
212 • 123-4567 • Fax 212 • 765-4321

Invoice Number: **0003002**
Dated: **Oct 03, 00**
Project Number: **SAMPLE.02**

TO: **Really Good Customer**
456 Easy Street, Suite 800
SomeCity, CA 98521

Attn: **Accounts Payable**

Project: **Sample Project Name - 02**

For the Period **Mar 1, 00** **To** **Mar 31, 00**

PROFESSIONAL SERVICES	Units	Rate	Amount
Schematics/Space Plans			
Principal	1.00	110.00	110.00
Project Director	5.50	85.00	467.50
Relocation Services			
Estimated Maximum - $4,000.00			
Project Director	1.50	85.00	127.50
Amount Previously Billed - $97.50			

Subtotal	705.00
Adjustments	0.00
Services Subtotal	**705.00**

INVOICE TOTAL **$705.00**

Account Summary:

Total Outstanding Invoices:	$0.00
Received This Billing Period:	0.00
New Balance - Including This Month:	**$705.00**

Current: $705.00 | 31-60 Days: $0.00 | 61-90 Days: $0.00 | >90 Days: $0.00

A 1.5% per month charge will be added to all accounts that are not paid within 30 days.