



# Invoice

Intelligent Light Therapy

**From:**

LS Pro Systems  
Suite 5A-1204  
123 Somewhere Street  
Your City AZ 12345  
support@lsprosystems.com

Invoice Number	INV-0012
Order Number	5188
Invoice Date	February 4, 2020
<b>Total Due</b>	<b>\$0.00</b>

**Billing address**

Donna Kerley  
Evoke Diet  
20045 Chaney Rd  
Bend, OR 97703

**Shipping address**

Donna Kerley  
Evoke Diet  
20045 Chaney Rd  
Bend, OR 97703

PAID

Hrs/Qty	Service	Rate/Price	Sub Total
2	Head Cap SKU: H155	\$950.00	\$1,900.00
1	Face Pad SKU: F104	\$550.00	\$550.00
1	General Pad SKU: G264	\$950.00	\$950.00

<b>Subtotal:</b>	\$3,400.00
<b>Shipping:</b>	\$25.00 via Flat rate
<b>10:</b>	-\$340.00



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# Invoice

<b>Payment method:</b>	Pay via Invoice
<b>Total:</b>	\$3,085.00

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Payment is due within 30 days from date of invoice.

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