



Invoice

Intelligent Light Therapy

From:

LS Pro Systems

Suite 5A-1204

123 Somewhere Street

Your City AZ 12345

support@lsprosystems.com

| | |
|------------------|-----------------|
| Invoice Number | INV-0019 |
| Order Number | 5313 |
| Invoice Date | April 28, 2020 |
| Total Due | \$100.00 |

To:

| Hrs/Qty | Service | Rate/Price | Sub Total |
|---------|----------|------------|-----------|
| 1 | Face Pad | \$100.00 | \$100.00 |

Payment is due within 30 days from date of invoice.
