



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
Total Due	\$0.00

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

Subtotal:	\$3,400.00
Shipping:	\$25.00 via Flat rate
10:	-\$340.00



Invoice

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Payment method:	Pay via Invoice
Total:	\$3,085.00

Payment is due within 30 days from date of invoice.

Paid