

Your Company's Name

Test Customer #1

Street Address

City, State, Postal Code

Date	Number	Owed	Paid	Balance
		\$5.61		
06/17/2012	Invoice001	\$0.00	\$5.61	\$0.00
06/18/2012	Invoice002	\$55.00	\$0.00	\$55.00

Amount Due: \$55.00