



Intelligent Light Therapy

# Invoice

**From:**

LS Pro Systems

Suite 5A-1204

123 Somewhere Street

Your City AZ 12345

support@lsprosystems.com

|                  |                   |
|------------------|-------------------|
| Invoice Number   | INV-0020          |
| Order Number     | 5317              |
| Invoice Date     | April 28, 2020    |
| <b>Total Due</b> | <b>\$1,100.00</b> |

**To:**

| Hrs/Qty | Service                  | Rate/Price | Sub Total |
|---------|--------------------------|------------|-----------|
| 1       | LS XP1 Port Rechargeable | \$950.00   | \$950.00  |
| 1       | Face Pad                 | \$150.00   | \$150.00  |

---

Payment is due within 30 days from date of invoice.

---