



Intelligent Light Therapy

# Invoice

**From:**

LS Pro Systems

Suite 5A-1204

123 Somewhere Street

Your City AZ 12345

support@lsprosystems.com

|                  |                 |
|------------------|-----------------|
| Invoice Number   | INV-0017        |
| Order Number     | 5309            |
| Invoice Date     | April 28, 2020  |
| <b>Total Due</b> | <b>\$700.00</b> |

**To:**

| Hrs/Qty | Service                  | Rate/Price | Sub Total |
|---------|--------------------------|------------|-----------|
| 1       | Portable Pack            | \$0.00     | \$0.00    |
| 1       | LS XP1 Port Rechargeable | \$400.00   | \$400.00  |
| 1       | Target Pad               | \$300.00   | \$300.00  |

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Payment is due within 30 days from date of invoice.

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