

# Invoice

**Business Name**  
Address Line 1  
Address Line 2  
Phone: (123) 456-7890  
Email: info@business.com

**Invoice #:** 1001  
**Date:** 2024-06-21  
**Due Date:** 2024-07-05

**Bill To:**  
Client Name  
Client Address Line 1  
Client Address Line 2

Description	Quantity	Unit Price	Amount
Service/Product 1	2	\$50.00	\$100.00
Service/Product 2	1	\$75.00	\$75.00
Subtotal			\$175.00
Tax (10%)			\$17.50
Total			\$192.50

Thank you for your business! Please make the payment by the due date indicated above.  
**Payment Method:** Bank Transfer / PayPal / Other