

Your Company Name

123 Business Rd, Business City, XY 12345
Phone: (123) 456-7890
Email: info@yourcompany.com

Sales Invoice

Bill To:

Client Name
Client Address Line 1
Client Address Line 2

Invoice #: 0001

Date: YYYY-MM-DD

Due Date: YYYY-MM-DD

Description	Quantity	Unit Price	Amount
Service/Product 1	1	\$100.00	\$100.00
Service/Product 2	2	\$50.00	\$100.00
Subtotal			\$200.00
Tax (10%)			\$20.00
Total			\$220.00

Notes: Thank you for your business. Payment is due within 30 days.