

# Professional Invoice

**Your Business Name**

123 Business St.  
City, State ZIP  
Phone: (123) 456-7890  
Email: info@yourbusiness.com

**Billed To:**

Client Name  
Client Company (if applicable)  
Client Address Line 1  
City, State ZIP  
Email: client@email.com

Invoice #	Date	Due Date
INV-2024-001	2024-06-22	2024-07-06

Description	Quantity	Unit Price	Amount
Consulting Service	10	\$100.00	\$1,000.00
Website Maintenance	2	\$150.00	\$300.00
<b>Subtotal:</b>			<b>\$1,300.00</b>
<b>Tax (5%):</b>			<b>\$65.00</b>
<b>Total:</b>			<b>\$1,365.00</b>

**Note:** Thank you for choosing our services. Please make the payment by the due date indicated above. Payment can be made via bank transfer, PayPal, or check. For inquiries, contact us at the email or phone number provided.