

# Invoice

Invoice #: INV-00123

Date: 2024-06-10

**Bill To:**

Client Name  
123 Main Street  
City, State ZIP

**From:**

Your Business Name  
456 Market Blvd  
Business City, State ZIP

| # | Description | Quantity | Unit Price | Line Total |
|---|-------------|----------|------------|------------|
| 1 | Product A   | 2        | \$50.00    | \$100.00   |
| 2 | Service B   | 3        | \$30.00    | \$90.00    |
| 3 | Product C   | 1        | \$75.00    | \$75.00    |

Subtotal: \$265.00

Tax (10%): \$26.50

**Total:** \$291.50

**Payment Terms:** Payment is due within 30 days of invoice date.

**Notes:** Thank you for your business!

If you have any questions about this invoice, please contact us at (555) 123-4567 or email@example.com.