

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.