

Invoice

Business Name: [Your Company Name]
Address: [Street Address]
City, State ZIP: [City, State, ZIP Code]
Phone: [Your Phone Number]
Email: [Your Email Address]

Invoice #: [xxxx]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]
Bill To: [Client Name / Company]
Client Address: [Street, City, State, ZIP]

Itemized List

#	Description	Quantity	Unit Price	Amount
1	Service/Product Name 1	2	\$50.00	\$100.00
2	Service/Product Name 2	1	\$75.00	\$75.00
				Subtotal \$175.00
				Tax (5%) \$8.75
				Total Due \$183.75

Thank you for your business! Please make payment to the company listed above within 30 days.