

# Invoice

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**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.*