

Invoice

From:
Company Name
Address Line 1
Address Line 2
Phone: (000) 000-0000
Email: your@email.com

Bill To:
Client Name
Client Address Line 1
Client Address Line 2
Phone: (000) 000-0000
Email: client@email.com

Invoice #	INV-001	Date	2024-06-30
Due Date	2024-07-07	Terms	Net 7

Itemized Charges

Description	Quantity	Unit Price	Amount
Service/Product 1	2	\$100.00	\$200.00
Service/Product 2	1	\$150.00	\$150.00
Subtotal			\$350.00
Tax (10%)			\$35.00
Total			\$385.00

Payment Terms

Please make payment by the due date listed above. Accepted payment methods include bank transfer and check. Thank you for your business!

Contact Information

For questions about this invoice, please contact:
Billing Department
Email: billing@yourcompany.com
Phone: (000) 000-0000