

INVOICE

Your Company Name

123 Business Rd, Suite 100
City, State ZIP
Phone: (555) 123-4567
Email: info@yourcompany.com

Bill To:

Client Name
Client Company
456 Client St.
City, State ZIP

Invoice #	INV-1001	Date	2024-07-10
Due Date	2024-07-24	Terms	Net 14

Description	Qty	Unit Price	Amount
Service/Product 1	2	\$150.00	\$300.00
Service/Product 2	1	\$250.00	\$250.00
Subtotal			\$550.00
Tax (10%)			\$55.00
Total			\$605.00

Notes: Thank you for your business. Payment is due within 14 days.

This invoice form can be easily adapted in Excel to suit your business branding and billing requirements.