

Invoice and Receipt Form Sample

Business Name: _____

Client Name: _____

Invoice Number: _____

Date Issued: _____

Due Date: _____

Billing Address: _____

Shipping Address: _____

Description	Quantity	Unit Price	Total
Sample Item 1	2	\$50.00	\$100.00
Sample Item 2	1	\$75.00	\$75.00
Subtotal			\$175.00
Tax (10%)			\$17.50
Total Due			\$192.50

Payment Method: Cash Credit Card Bank Transfer

Payment Terms:

Payment is due within **30 days** from the date of invoice. Late payments may be subject to a **2% monthly late fee**.

Please reference the invoice number when making payment. For questions, contact our billing department at [Contact Info].

Amount Paid: _____

Balance Due: _____

Authorized Signature

Date

This document serves as both an invoice and a receipt upon full payment.