

Invoice

Your Company Name

Address Line 1
Address Line 2
City, State ZIP
Phone: (123) 456-7890
Email: you@example.com

Invoice #: 001**Date:** 2024-06-15**Bill To:**

Client Name
Client Address Line 1
Client Address Line 2
City, State ZIP

Due Date: 2024-07-15

Description	Quantity	Unit Price	Total
Service/Product 1	2	\$50.00	\$100.00
Service/Product 2	1	\$75.00	\$75.00

Subtotal: \$175.00**Tax (10%):** \$17.50**Total:** \$192.50**Notes:**

Thank you for your business. Payment is due within 30 days.

Printable simple invoice template in Word

Create and customize a **printable simple invoice template** in Word to streamline your billing process. This user-friendly template ensures professional and clear invoicing with minimal effort. Perfect for freelancers and small business owners needing quick, accurate documentation.