

[Your Logo]

**Your Company Name**

123 Business Street  
City, State ZIP  
Phone: (123) 456-7890  
Email: info@yourcompany.com

**Invoice #:** 001

**Date:** June 15, 2024

**Due Date:** June 30, 2024

**Billed To:**

Client Name  
456 Client Rd.  
City, State ZIP

Description	Quantity	Unit Price	Amount
Product/Service 1	2	\$50.00	\$100.00
Product/Service 2	3	\$30.00	\$90.00
Subtotal			\$190.00
Tax (10%)			\$19.00
<b>Total</b>			<b>\$209.00</b>

**Note:** Thank you for your business! Please make payment by the due date. For questions, contact info@yourcompany.com.