

[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
Total			\$209.00

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