

# Monthly Billing Invoice

Date: YYYY-MM-DD

Invoice #: INV-0001

## Your Company Name

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

## Billed To:

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

Description	Hours/Qty	Rate	Amount
Service/Product 1	10	\$100.00	\$1,000.00
Service/Product 2	5	\$80.00	\$400.00

**Subtotal:** \$1,400.00

**Tax (% 8.0):** \$112.00

**Other Taxes (if any):** \$0.00

**Total:** \$1,512.00

**Notes:** Thank you for your business! Please make payment within 30 days. For questions about this invoice, contact [billing@company.com](mailto:billing@company.com).