

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.