

# INVOICE

Invoice Number: INV-001

Date: 2024-06-01

**Billed To:**

Client Name

Client Address

City, State, ZIP

Description	Quantity	Unit Price	Amount
Service/Product 1	2	\$100.00	\$200.00
Service/Product 2	1	\$150.00	\$150.00
<b>Total</b>			<b>\$350.00</b>

**Payment Terms:** Due within 14 days.

**Payment Method:** Bank transfer / PayPal / Other

Thank you for your business!