

# Invoice

**Your Company Name**  
Address Line 1  
Address Line 2  
Email: info@yourcompany.com  
Phone: (123) 456-7890

**Billed To:**  
Client Name  
Client Address Line 1  
Client Address Line 2  
Email: client@email.com

Invoice #	0001	Invoice Date	2024-06-09
Due Date	2024-06-23	Terms	Net 14

Item Description	Quantity	Unit Price	Total
Product/Service 1	2	\$50.00	\$100.00
Product/Service 2	1	\$150.00	\$150.00
Product/Service 3	5	\$20.00	\$100.00

Subtotal:	\$350.00
Tax (10%):	\$35.00
Total:	<b>\$385.00</b>

**Notes:** Thank you for your business. Please make payment by the due date listed above.

This **printable invoice form sample** features an itemized list to clearly detail each product or service provided. Designed for easy customization and professional presentation, it enhances billing accuracy and record-keeping. Ideal for businesses seeking a straightforward invoicing solution.