

Company Logo

Invoice

From:

Your Company Name
123 Business Rd.
City, State ZIP
Phone: (123) 456-7890

Invoice #: INV-1001
Date: 2024-06-18
Due Date: 2024-07-02

Bill To:

Client Name
456 Client St.
City, State ZIP

Description	Quantity	Unit Price	Amount
Service/Product 1	2	\$100.00	\$200.00
Service/Product 2	5	\$80.00	\$400.00
Subtotal			\$600.00
Tax (10%)			\$60.00
Total			\$660.00

Notes:

Thank you for your business. Payment is due within 14 days. For questions, please contact us at info@yourcompany.com.