

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
<b>Total</b>			<b>\$660.00</b>

**Notes:**

Thank you for your business. Payment is due within 14 days. For questions, please contact us at [info@yourcompany.com](mailto:info@yourcompany.com).

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