

# Invoice

**From:**  
Small Business Name  
123 Main Street  
City, State ZIP  
Phone: (555) 555-5555

**Invoice #:** 00123  
**Date:** 2024-06-15  
**Due Date:** 2024-07-15

**Bill To:**  
Client Name  
456 Client Address  
City, State ZIP

| Description          | Qty | Unit Price | Amount   |
|----------------------|-----|------------|----------|
| Product or Service 1 | 2   | \$50.00    | \$100.00 |
| Product or Service 2 | 3   | \$30.00    | \$90.00  |
| Product or Service 3 | 1   | \$120.00   | \$120.00 |
| Subtotal             |     |            | \$310.00 |
| Tax (8%)             |     |            | \$24.80  |
| Total                |     |            | \$334.80 |

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

If you have any questions about this invoice, please contact us at (555) 555-5555 or email [info@smallbusiness.com](mailto:info@smallbusiness.com).