

# Business Invoice

**Contractor:** [Your Business Name]  
[Your Address]  
[City, State ZIP]  
[Phone Number] | [Email Address]

**Billed To:**  
[Client Name]  
[Client Company]  
[Client Address]

**Invoice #:** [12345]  
**Invoice Date:** [YYYY-MM-DD]  
**Due Date:** [YYYY-MM-DD]

Description of Services	Hours/Qty	Rate	Amount
[Service 1 description]	10	\$50.00	\$500.00
[Service 2 description]	5	\$60.00	\$300.00
Subtotal			\$800.00
Tax (5%)			\$40.00
Total			\$840.00

**Payment Terms:** Payment due within 30 days. Late payment may be subject to a 2% monthly finance charge.

**Payment Methods Accepted:** Bank Transfer, Check, Credit Card.

Thank you for your business.  
Please contact [Your Name/Business] at [Phone Number] for any questions regarding this invoice.