

Itemized Invoice

From: Your Business Name Address Line 1 Address Line 2 Phone: (000) 000-0000 Email: example@business.com	Bill To: Client Name Client Address 1 Client Address 2 Phone: (000) 000-0000 Email: client@email.com	Invoice #: INV-0001 Date: 2024-06-15 Due Date: 2024-07-15
--	--	--

#	Description	Quantity	Unit Price	Amount
1	Service/Product Name 1	2	\$100.00	\$200.00
2	Service/Product Name 2	1	\$150.00	\$150.00
Subtotal				\$350.00
Tax (10%)				\$35.00
Total				\$385.00

Payment Terms:

- Payment due within 30 days from the date of invoice.
- Accepted payment methods: Bank Transfer, Credit Card, Cheque.
- Late payments may incur a 2% monthly fee.

Authorized Signature

Print Invoice