

INVOICE

Your Business Name

Address line, City, ZIP
email@yourbusiness.com

Invoice #:

INV-0001

Date:

Due date:

BILL TO

Client name

Client address, City, ZIP

Description	Qty	Rate	Amount

Subtotal \$ _____

Tax \$ _____

Total \$ _____

Notes / payment terms

Payment due within 30 days. Thank you for your business.