

Small Business Name

123 Main Street

City, State ZIP

Phone: (123) 456-7890

Email: info@business.com

INVOICE

Invoice #: INV-00123

Date: 2024-06-01

Due Date: 2024-06-15

Bill To:

Client Name

456 Client Road

Town, State ZIP

client@email.com

Ship To:

Client Name

456 Client Road

Town, State ZIP

| Description | Quantity | Unit Price | Amount |
|-------------------------|----------|------------|-----------------|
| Product or Service Name | 2 | \$50.00 | \$100.00 |
| Another Item | 1 | \$200.00 | \$200.00 |
| Subtotal | | | \$300.00 |
| Tax (10%) | | | \$30.00 |
| Total | | | \$330.00 |

Terms & Notes:

Thank you for your business. Payment is due within 14 days.

Please make checks payable to **Small Business Name**.

Thank you for your business!

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