

Your Company Name  
123 Business Road  
City, Country 12345  
Phone: (123) 456-7890  
Email: info@company.com

# INVOICE

**Bill To:**

Client Name  
Client Address  
City, Country 67890  
Email: client@email.com

**Invoice #:** INV-0001  
**Date:** 2024-06-30  
**Due Date:** 2024-07-14

Description	Quantity	Unit Price	Amount
Service/Product 1	2	\$200.00	\$400.00
Service/Product 2	1	\$150.00	\$150.00
Service/Product 3	3	\$50.00	\$150.00

Subtotal  
\$700.00

Tax (10%)  
\$70.00

**Total Due**  
**\$770.00**

**Notes:**

Thank you for your business.  
Payment is due within 14 days.  
Please make payment to the account below:  
Bank Name | Account Number | Sort Code