

Sales Invoice

Small Business Name

123 Street Name
City, State ZIP
Phone: (123) 456-7890
Email: info@business.com

Invoice #: INV-0001
Date: 2024-06-05
Due Date: 2024-06-19

Billed To:
Client Name
456 Client Address
Client City, State ZIP

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

Payment Terms:
Please make payment within 14 days.

Thank you for your business!