

Company Name

Address Line 1

Address Line 2

Phone: (xxx) xxx-xxxx

Email: info@company.com

SERVICE INVOICE

Invoice #: INV-0001**Date:** 2024-06-22**Due Date:** 2024-07-06**Billed To:**

Client Name

Client Company

Client Address

Client Email

#	DESCRIPTION OF SERVICES	QTY	UNIT PRICE	AMOUNT
1	Service Item 1	2	100.00	200.00
2	Service Item 2	1	150.00	150.00
				Subtotal 350.00
				Tax (10%) 35.00
				Total 385.00

Notes: Thank you for your business!
Payment is due within 14 days. Please make payment to the account provided.