

**Company Name**  
123 Business Ave.  
City, State ZIP  
Phone: (555) 123-4567  
Email: info@company.com

**Invoice**

Invoice #: INV-0001  
Date: YYYY-MM-DD  
Due Date: YYYY-MM-DD

**BILL TO**  
Client Name  
Client Company  
456 Client St.  
City, State ZIP  
Email: client@email.com

Description	Hours	Rate	Amount
Consulting Services	10	\$100.00	\$1,000.00
Design Work	5	\$120.00	\$600.00
Project Management	4	\$80.00	\$320.00
Subtotal:			\$1,920.00
Tax (5%):			\$96.00
Total:			\$2,016.00

**Payment Terms:** Net 30 days.  
**Notes:** Thank you for your business. Please make payment to the account details provided. If you have any questions, contact us at info@company.com.