

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.