

# Company Name

123 Business Street  
City, State ZIP  
Phone: (555) 555-5555  
Email: info@company.com

## Invoice

**Invoice #:** 00001

**Date:** 2024-06-01

**Due:** 2024-06-30

### Billed To:

Client Name  
456 Client Ave  
City, State ZIP

Description	Quantity	Unit Price	Amount
Service/Product 1	10	\$50	\$500
Service/Product 2	5	\$80	\$400
<b>Subtotal</b>			<b>\$900</b>
<b>Tax (10%)</b>			<b>\$90</b>
<b>Total</b>			<b>\$990</b>

### Notes:

Thank you for your business.