Company Name
Address Line 1
Address Line 2
City, ZIP
Phone: (000) 000-0000
Email: company@email.com

INVOICE

Invoice #: INV0001
Date: 2024-06-17
Due Date: 2024-06-24
Billed To:
Customer Name
Customer Address
City, ZIP
Phone: (000) 000-0000

#	Item Description	Qty	Unit Price	Amount
1	Product/Service Name	2	100.00	200.00
2	Product/Service Name	1	150.00	150.00

Subtotal	350.00
Tax (10%)	35.00
Total	385.00
Amount Paid	100.00
Balance Due	**285.00**

Notes:
Thank you for your business.
Please make payment by the due date stated above.

Receipt generated on 2024-06-17