

**Company Name**

123 Example St.

City, State, ZIP

Phone: (555) 123-4567

Email: info@company.com

# Invoice Receipt

**Billed To**

Customer Name

Customer Address

City, State, ZIP

Phone: (555) 987-6543

Email: customer@email.com

**Invoice Details**

Invoice #: **INV-0001**

Date Issued: **2024-06-30**

Due Date: **2024-07-07**

Payment Method: Credit Card

Purchase Order #: PO-123456

**Order Summary**

Description	Quantity	Unit Price	Discount	Amount
Product 1 Name / Service	2	\$125.00	\$0.00	\$250.00
Product 2 Name	1	\$200.00	\$20.00	\$180.00
Item Service Fee	1	\$50.00	\$0.00	\$50.00

**Notes**

Thank you for your business.

Subtotal

This receipt serves as proof of purchase.

\$480.00

For questions about this invoice, contact [billing@company.com](mailto:billing@company.com).

Discount

\$20.00

Tax (10%)

\$46.00

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**Total**

**\$506.00**

Amount Paid

\$506.00

Balance Due

\$0.00