

# INVOICE

Company Name

123 Address St, City, State, ZIP

Email: company@example.com | Phone: (123) 456-7890

Invoice Number: 001

Date: January 1, 2024

Bill To: Client Name

Address: 456 Client Rd, City, State, ZIP

Description	Quantity	Unit Price	Total
Product/Service Description	2	\$50.00	\$100.00
Another Product/Service	1	\$75.00	\$75.00
<b>Subtotal</b>			\$175.00
<b>Tax (10%)</b>			\$17.50
<b>Total</b>			\$192.50

Thank you for your business!

Please make payment by: January 15, 2024