

# Invoice

**Invoice Number:** INV-0001

**Date:** YYYY-MM-DD

**Due Date:** YYYY-MM-DD

## Bill To

**Name:** Customer Name

**Address:** Street Address

**City:** City

**State:** State

**ZIP:** Postal Code

**Country:** Country

**Email:** email@example.com

**Phone:** +00-000-0000

## Ship To

**Name:** Recipient Name

**Address:** Street Address

**City:** City

**State:** State

**ZIP:** Postal Code

**Country:** Country

## Items

| Description     | Quantity | Unit Price | Total           |
|-----------------|----------|------------|-----------------|
| Item 1          | 5        | \$10.00    | \$50.00         |
| Item 2          | 2        | \$20.00    | \$40.00         |
| Item 3          | 1        | \$30.00    | \$30.00         |
| <b>Subtotal</b> |          |            | <b>\$120.00</b> |
| <b>Tax</b>      |          |            | <b>\$12.00</b>  |
| <b>Total</b>    |          |            | <b>\$132.00</b> |

## Notes

- *Payment is due within 30 days from the date of the invoice.*
- *Please make checks payable to [Your Company Name].*
- *If you have any questions concerning this invoice, contact [Your Contact Information].*

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Thank you for your business!

[Your Company Name]

[Your Street Address]

[Your City, State, ZIP]

[Your Phone Number]

[Your Email Address]

[Your Website]