Test Company

Testing PDF

123 Your Street Your Town Address Line 3 11-March-2024 Invoice #2334889 PO 456001200

(123) 456 789 email@yourcompany.com Att: Ms. Jane Doe Client Company Name

Dear Ms. Jane Doe,

Please find below a cost-breakdown for the recent work completed. Please make payment at your earliest convenience, and do not hesitate to contact me with any questions.

Many thanks,

Your Name

#	Item Description	Quantity	Unit price (€)	Total (€)
1	Supporting of in-house project (hours worked)	40	125.00	5000.00
2				-
3				-
4				-
5				-
6				-
7				-
8				-
Subtotal				5000.00
Sales Tax (20%)				1000.00
Total				6000.00

Many thanks for your custom! I look forward to doing business with you again in due course.

Payment terms: to be received within 60 days.

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