

TEST

ORGANIZATION

testorganization@test.com  
+1-500-248-8315

INVOICE TEST-PDF-001

Issue Date: 2025-10-01  
Due Date: 2025-10-31

BILL TO:

Karolann McLaughlin  
Marianna\_Rippin@yahoo.com  
1-388-636-5550

PAYMENT TERMS:

CAD \$1,130.00  
Deposit: \$0.00  
Status: SENT

DESCRIPTION	QUANTITY	UNIT PRICE	TAX RATE	TOTAL
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Subtotal:	\$1,000.00
Tax:	\$130.00
Total:	\$1,130.00
Paid:	\$0.00
Balance Due:	\$1,130.00

Terms & Conditions:
Net 30 days

THANK YOU FOR YOUR BUSINESS!