

TEST

ORGANIZATION

testorganization@test.com
+1-449-392-1011

INVOICE TEST-PDF-001

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

BILL TO:

Cleveland Ward
Ciara.Harvey@hotmail.com
557.885.6325

PAYMENT TERMS:

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

DESCRIPTION	QUANTITY	UNIT PRICE	TAX RATE	TOTAL
-------------	----------	------------	----------	-------

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!