## **Test Organization**

testorganization@test.com +1-633-185-7442

## **INVOICE**

TEST-PDF-001

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

**BILL TO** 

**Ward Tromp** 

Kaitlin\_Lebsack89@gmail.com 797.419.9315 x95880 **PAYMENT DETAILS** 

CAD \$1,130.00

Deposit: \$0.00

SENT

 $\begin{array}{ccc} \mathsf{DESCRIPTION} & \mathsf{QTY} & & \mathsf{UNIT} \\ & \mathsf{PRICE} & & \mathsf{TAX} & \mathsf{TOTAL} \end{array}$ 

| Subtotal    | \$1,000.00 |
|-------------|------------|
| Tax         | \$130.00   |
| Total       | \$1,130.00 |
| Amount Paid | \$0.00     |
| Balance Due | \$1,130.00 |

## **Terms & Conditions** Net 30 days Thank you for your business!