

Your Company Name

Invoice ID
Issue Date
PO Number
Due Date

From

Your name

Address Line 1
Address Line 2
City, State, Zip Code

For

Client's name

Address Line 1
Address Line 2
City, State, Zip Code

Subject

Item	Quantity	Unit price	Total net	VAT %	VAT amount	Total gross
1						
2						
3						
4						
			Total			
			Tax rate			

Notes