

INVOICE

Invoice #: INV-20251026
Date: October 26, 2025
Due Date: 41 days

Health Care Clinic

777 Wellness Drive
Phone: +1 (555) 890-1234
info@healthcareclinic.com

Client Name
123 Client Street
City, State 12345
client@email.com

DESCRIPTION	QTY	UNIT PRICE	AMOUNT
Consultation	1	\$200.00	\$200.00
Lab Work	1	\$150.00	\$150.00

Subtotal: \$350.00
Tax (8%): \$28.00

TOTAL: \$378.00

Thank you for your business!

We appreciate your support.

TERMS & CONDITIONS

Payment is due within 30 days of invoice date.
Please include invoice number with payment.