## **INVOICE**



<Your Company Name>

<123 Street Address>

<City, State, Zip/Post Code>

<Phone Number, Email>

DATE

<Date>

INVOICE NO.

<Invoice no.>

BILL TO SHIP TO

<Contact Name> <Name / Dept>

<Client Company Name> <Client Company Name>

<Address> <Address>

<Phone> <Phone>

Description	Quantity	unit Price	Total
product1	1	100.0	100.0
product2	1	150.0	150.0
product3	2	540.0	1080.0
product4	4	30.0	120.0

SUBTOTAL	1450.0
DISCOUNT	0.0
TAXRATE	7%
TOTAL TAX	101.5
SHIPPING	8.0
BALANCE DUE	1559.5 DT