

# INVOICE

**YOUR COMPANY NAME**

89 Your Company Street, City, State, Country  
123-456-7890  
your@companyemail.com  
yourwebsite.com

**BILLED TO**

Your Client Name  
34 Your Client Street, City, State, Country  
234-567-5678  
your@clientemail.com

Invoice No : 000001  
Account No : 00002234  
Issue Date : 8/15/2019  
Due Date : 9/14/2019

ITEMS DESCRIPTION	QTY	UNIT PRICE		TOTAL
<b>Your Product Name</b> Your Product Detailed Description	2	\$ 200.00	\$	400.00
<b>Your Product Name</b> Your Product Detailed Description	3	\$ 100.00	\$	300.00
<b>Your Product Name</b> Your Product Detailed Description	3	\$ 200.00	\$	600.00
<b>Your Product Name</b> Your Product Detailed Description	3	\$ 100.00	\$	300.00
<b>Your Product Name</b> Your Product Detailed Description	2	\$ 200.00	\$	400.00

Sub Total	\$	2,000.00
10% Tax/VAT	\$	200.00
Discount	(\$	23.00 )

<b>TOTAL</b>	<b>\$</b>	<b>2,177.00</b>
<b>DEPOSIT</b>	<b>\$</b>	<b>-</b>