

# INVOICE

Company Name  
123 Business Street  
City, Country  
Phone: (123) 456-7890

Invoice Number: INV-001  
Date: 05/12/2024  
Due Date: 04/01/2025

Bill To:  
Client Name  
Client Address  
City, Country

| Description | Quantity | Unit Price | Amount |
|-------------|----------|------------|--------|
| Item 1      | 2        | 100.00     | 200.00 |
| Item 2      | 1        | 200.00     | 200.00 |
| Subtotal:   |          |            | 400.00 |
| Tax (10%):  |          |            | 40.00  |
| Total:      |          |            | 440.00 |

Thank you for your business!