

YOUR COMPANY NAME

Your Company Address
City, Province 12345
Phone: +62 812-3456-7890
Email: info@yourcompany.com

INVOICE

BILL TO:
Test Customer Phase3
Jl. Test Phase 3 No. 123
+628981264424
phase3test1767981264424@customer.com

Invoice Number: INV-20
Invoice Date: 2601-0
Due Date: 1003
Payment Terms: Jan 98
2026
Feb 30
2026
days

PARTIAL

#	Description	Qty	Unit Price	Amount
1	Test Package Delivery Phase3 #1	1	Rp 1.000.000	Rp 1.000.000
2	Test Package Delivery Phase3 #2	1	Rp 1.500.000	Rp 1.500.000
3	Test Package Delivery Phase3 #3	1	Rp 2.000.000	Rp 2.000.000

Subtotal: Rp 4.500.000
Tax (11%): Rp 495.000
TOTAL: Rp 4.995.000
Amount Paid: Rp 5.000
Outstanding: Rp 2.000.000
2.995.000

PAYMENT INSTRUCTIONS

Please make payment via bank transfer to:
Bank: BCA
Account Number: 1234567890
Account Name: Your Company Name
Reference: INV-202601-0003
* Please include invoice number in payment reference

Thank you for your business!

