

Sales Invoice

From: Your Company Name
123 Your Street
Your City, State ZIP
Phone: (123) 456-7890

To: Customer Name
456 Customer Street
Customer City, State ZIP
Phone: (987) 654-3210

Invoice Number: INV-001
Date: October 1, 2024
Due Date: October 15, 2024

Description	Quantity	Unit Price	Total
Product A	2	\$50.00	\$100.00
Service B	1	\$75.00	\$75.00

Subtotal: \$175.00

Tax (10%): \$17.50

Total: \$192.50

Payment Terms: Net 15

Thank you for your business!