

# Invoice



Test Business

100

[City], [State], [Postal Code]

0782842234

[Business Email Address]

**Billing To:** Test 2  
[Client Address Line 1]  
[City] [State] [Postal Code]

**Invoice No:** 0097  
**Date:** Aug/27/2020

Description	Quantity	Unit Price	Amount
Product 1	5	100	Ksh 500
New Product	1	100	Ksh 100
New Product	1	100	Ksh 100
New Product	1	100	Ksh 100
New Product	1	100	Ksh 100
		<b>SubTotal:</b>	<b>Ksh 900</b>
		<b>Total:</b>	<b>Ksh 900</b>
		<b>Paid Amount:</b>	<b>Ksh 0</b>
		<b>Balance Due:</b>	<b>Ksh 900</b>

Notes / Terms

Notes