Company Name

INVOICE

[Street Address]
[City, ST ZIP]
Phone: [000-000-000]
Fax: [000-000-000]
Website: somedomain.com

DATE	2020/9/22
INVOICE #	[123456]
CUSTOMER ID	[123]
DUE DATE	2020/10/22

BILL TO

[Name]
[Company Name]
[Street Address]
[City, ST ZIP]
[Phone]

DESCRIPTION	UNIT PRICE	QTY	TAXED	AMOUNT
Item A	$10.00	2	Yes	$20.00
Item B	$5.00	5	No	$25.00
Item C	$15.00	1	Yes	$15.00
Item D	$8.00	3	No	$24.00

COMMENTS:

1. Total payment due in 30 days
2. Please include the invoice number on your check

Subtotal	600.00
Taxable	75.00
Tax Rate	6.25%
Tax Due	4.69
Other	-
Total	$ 604.69

If you have any questions about this invoice, Please Contact
[Name, Phone, E-mail]
Thank you for your business!