

[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!