

## Insurance Agency Invoice

Invoice Number: 01234

Prepared for: **[Mike Moore]**

Address: **[7 Rodeo St. Wichita, KS 27253]**

Email: **[mike@zmail.com]**

Date: December 01, 2023

Description	Quantity	Price	Total
Accident Coverage	1	USD 400	USD 400
Monthly Premium	1	USD 200	USD 200
Tax			3 %
Total			USD 618

## Terms & Conditions

- The above will be delivered upon payment via cash or deposit.
- This amount cannot be refunded once payment has been made.