

[Business Name]

[Business Address 1]

[City], [State] [Postal Code]

[Business Phone Number]

[Business Email Address]

Invoice

Bill To     [Client Name ]  
                 [Client Address line 1]  
                 [City], [State] [Postal code]

Invoice Number    2001321  
                              Date     2/3/2024

| Description | Quantity | Unit price | Amount  |
|-------------|----------|------------|---------|
| Product 1   | 5        | Rs. 100    | Rs. 500 |
| product 2   | 3        | Rs. 20     | Rs. 60  |
| service 1   | 1        | Rs. 25     | Rs. 25  |
| service 2   | 7        | Rs. 50     | Rs. 350 |
| Total       |          |            | Rs. 935 |