INVOICE

(000) 0000-000
exam@example.com
example.com

123 Fake St0
Some town, PA
12345

Billed To
Client Name
1 CLient Address
City, State, Country
Postal Code

Invoice Number
00000000

Date of Issue
mm/dd/yyyy

Invoice Total

$920.00

Description	Price Per Unit	Quantity	Amount
Test	$20.00	3	$60.00
Test Space	$120.00	7	$840.00
Test Long String Test Long String Test Long String	$10.00	2	$20.00

	Subtotal	$920.00