

INVOICE



Logo
Name

DATE

13/11/2025

INVOICE NO

123456

YOUR COMPANY

Street Address

City, ST ZIP Code

Phone

Fax

Email

INVOICE TO

Street Address

City, ST ZIP Code

Phone

Fax

Po no: 1456768

SALESPERSON	JOB	PAYMENT TERMS	DUUE DATE
		30-30-40	15/11/2025

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
2	Item 1	10000	20000
3	Item 2	20000	60000
5	Item 3	10000	50000
5	Item 4	25000	125000
		Subtotal	255000
		Sales Tax	10000
		Total	265000