

# 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	DUE DATE
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30-30-40

15/11/2025

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
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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