

# Your Company Name

Your Address  
City, State Zip

Invoice No. 123456  
Invoice Date 01/01/2016

Client Name  
Address  
City, State Zip

Notes

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Item	Quantity	Price	Total
Item 1	1	40.00	40.00
Item 2	2	30.00	60.00
Item 3	3	20.00	60.00
Item 4	4	10.00	40.00
		TOTAL	200.00