## **INVOICE**

ITEM TOTAL

\$500.00

INVOICE #	INV-2024-07-251234	
INVOICE	08/04/2024	
DATE:		

## **Golden State Medical Services**

1234 Healthway Drive, San Francisco, California 94110 Phone: (415) 555-678 Fax: (415) 555-6790

info@goldenstatemedical.com www.goldenstatemedical.com

## BILL TO

QTY

Jane Doe 5678 Wellness Avenue (323) 555-1234 jane.doe@example.com

ITEM ID#

Customer ID: CUST-2024-07-257890

PAYMENT DUE 10/04/2024

1	VISIT-2024-07- 253456	Doctors Visit	\$500.00	\$500.00	
			SUBTOTAL	<b>SUBTOTAL</b> \$500.00	
	PAYMENT TERMS Net 30 days from the invoice date.		TAX		

UNIT PRICE

TOTAL DUE

DESCRIPTION

Make All Checks Payable To: Golden State Medical Services

THANK YOU FOR YOUR BUSINESS!