Your Company Name

INVOICE

123 Your Street, Your Town Address Line 3

2019-07-26 **Invoice #**INV-1202

(+91) 1111111111 test@example.com Att: zxcvv

Dear zxcvv

Please find below a cost-breakdown for the recent work completed. Please make payment at your earliest convenience, and do not hesitate to contact me with any questions.

Many thanks,

Your Name

#	Items	Qty	Unit Price	Total (INR)
1	sdad	5	200.00	1,000.00
2				-
3				-
4				-
5				-
Sub	total:			1,000.00
Disc	ount :			- 20.00
serv	ice tax (15%):			+ 150.00
Tax	2 (12%) :			+ 120.00
Tota	l:			1,250.00 (INR)

PAYMENT TERMS AND POLICIES

Lorem ipsum dolor sit amet, consectetur adipisicing elit. Veritatis aspernatur vero veniam magnam voluptatibus ipsum,

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