

Sales Invoice

Company Name

123 Main Street

City, State ZIP

Phone: (123) 456-7890

Email: info@company.com

Invoice #: 00123**Date:** 2024-06-19**Due Date:** 2024-07-03**Billed To:**

Client Name

Client Address

City, State ZIP

Description	Quantity	Unit Price	Amount
Product or Service 1	2	\$100.00	\$200.00
Product or Service 2	1	\$300.00	\$300.00
Product or Service 3	3	\$50.00	\$150.00

Subtotal	\$650.00
Tax (10%)	\$65.00
Total	\$715.00

Important Notes:

- Payment is due by the due date indicated above.
- Please refer to the invoice number when making payment.
- Contact us for any questions regarding this invoice.
- This document serves as evidence of sale for accounting purposes.