

**Your Company Name**  
**123 Corporate St.**  
**City, State ZIP**  
**+1 (555) 123-4567**  
**email@company.com**

# INVOICE

**Billed To:**

Client Name  
Client Company  
456 Client Rd.  
Other City, State ZIP  
**Invoice No:** INV-2024-001  
**Date Issued:** 2024-06-01  
**Due Date:** 2024-06-15

DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
Consulting Services – May 2024	10 hrs	\$100	\$1,000
Onsite Meeting	1	\$500	\$500
Report Preparation	3	\$80	\$240
<b>Subtotal</b>			<b>\$1,740</b>
Tax (10%)			\$174
<b>Total</b>			<b>\$1,914</b>

**Payment Instructions:**

Please transfer payment to:  
Bank Name: ABC Bank  
Account Name: Your Company Name  
Account Number: 1234567890  
SWIFT: ABCDUS00

**Important Notes:**

- This invoice serves as the official request for payment for delivered products or services.
- All details such as client information, itemized services, and totals should be clearly specified.
- Retain a copy of this invoice for your records and future reference.
- Ensure payment is made by the due date to avoid late fees or service disruption.
- If you have any questions regarding this invoice, please contact us at the email provided above.