

# Invoice for Services Rendered

From:

**Service Provider Name**

123 Consultant Ave.  
City, State ZIP  
Country  
Email: contact@provider.com  
Phone: (555) 123-4567

To:

**Client Name**

456 Client Street  
Client City, Region ZIP  
Country  
Email: billing@client.com  
Phone: (555) 987-6543

**Invoice Number:** INV-2024-0081

**Invoice Date:** 2024-06-15

**Due Date:** 2024-07-01

Description of Services	Date	Hours	Rate	Subtotal
Consulting on Project Alpha	2024-06-10	5	\$80	\$400
System Analysis Report	2024-06-12	3	\$80	\$240
Technical Support Call	2024-06-14	2	\$80	\$160

Subtotal	\$800
Tax (10%)	\$80
<b>Total Due</b>	<b>\$880</b>

**Payment Instructions:**

Bank: Demo Business Bank

Account Number: 123456789

IBAN: XX00DEMO0000123456789

Please include the invoice number on your payment.

## Important Notes

- This invoice conforms to the OpenDocument Spreadsheet format (.ods) for compatibility and easy data management.
- All service details, dates, hours, rates, and subtotals must be accurately recorded.
- Tax rates and totals should be double-checked for compliance with local regulations.
- Invoice number and due date are essential for reference and payment tracking.
- Retain a copy of each invoice for your accounting and records.