**INVOICE**

## YOUR COMPANY NAME BILLED TO

89 Your Company Street, City, State, Country Your Client Name

123-456-7890 34 Your Client Street, City, State, Country

your@companyemail.com 234-567-5678

yourwebsite.com your@clientemail.com

Tax/VAT Discount

10%

|  |  |  |
| --- | --- | --- |
|  | **Invoice No** : | 000001 |
| **Account No** : | 00002234 |
| **Issue Date** : | 8/15/2019 |
| **Due Date** : | 9/14/2019 |
| **ITEMS DESCRIPTION** | **QTY** | **UNIT PRICE** | **TOTAL** |
| **Your Product Name**Your Product Detailed Description | 2 | $ 200.00 | **$ 400.00** |
| **Your Product Name**Your Product Detailed Description | 3 | $ 100.00 | **$ 300.00** |
| **Your Product Name**Your Product Detailed Description | 3 | $ 200.00 | **$ 600.00** |
| **Your Product Name**Your Product Detailed Description | 3 | $ 100.00 | **$ 300.00** |
| **Your Product Name**Your Product Detailed Description | 2 | $ 200.00 | **$ 400.00** |
| Sub Total **$** | **2,000.00** |

## $ 200.00

**($ 23.00 )**

**TOTAL**

**DEPOSIT**

**$**

**$**

**2,177.00**

**-**

**THANK YOU FOR YOUR BUSINESS**

**Invoice Terms:**

E.g Payment Instructions (Account Number, Bank and Bank Account Holder)

# Your Company Name - Company MD Name