

**Company Name**

123 Main Street

City, State ZIP

Phone: (123) 456-7890

Email: info@company.com

# SALES INVOICE

**Invoice #:** INV-00001

**Invoice Date:** 2024-06-01

**Due Date:** 2024-06-15

**Bill To:**

John Doe

456 Client Avenue

Another City, State ZIP

Email: johndoe@email.com

#	Description	Qty	Unit Price	Amount
1	Product A	2	100.00	200.00
2	Product B	3	75.00	225.00
3	Product C	1	150.00	150.00

**Subtotal**

575.00

**Tax (10%)**

57.50

**Total**

632.50

**Payment Terms:** Due in 14 days

**Notes:** Thank you for your business!