

# INVOICE

Company Name  
Address Line 1  
Address Line 2  
Phone: (000) 000-0000  
Email: email@example.com

**Invoice #:**  
INV-0001  
**Date:**  
YYYY-MM-DD  
**Due Date:**  
YYYY-MM-DD

**Bill To:**  
Client Name  
Client Company  
Address Line 1  
Address Line 2  
Phone: (000) 000-0000  
Email: client@example.com

Date	Description	Hours	Rate	Amount
YYYY-MM-DD	Consultation	2.0	\$100.00	\$200.00
YYYY-MM-DD	Development	5.5	\$100.00	\$550.00
YYYY-MM-DD	Testing	1.5	\$100.00	\$150.00
Subtotal				\$900.00
Tax (0%)				\$0.00
<b>Total</b>				<b>\$900.00</b>

**Notes:**  
Thank you for your business.  
Payment is due within 30 days.  
Please include the invoice number on your check or bank transfer.