

# Company Name

123 Street Name  
City, ZIP Code  
Country  
Phone: (123) 456-7890

## Sales Invoice

Invoice #: **INV-0001**  
Date: **2024-06-14**

**Bill To:**

Customer Name  
456 Customer Address  
City, ZIP Code  
Phone: (987) 654-3210

**Ship To:**

(If different)

Description	Quantity	Unit Price	Amount
Sample Product 1	2	50.00	100.00
Sample Product 2	1	80.00	80.00
Sample Product 3	3	20.00	60.00

Subtotal	240.00
Tax (10%)	24.00
<b>Total</b>	<b>264.00</b>
Amount Paid	0.00
Balance Due	264.00

**Payment Terms:** Due upon receipt.

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

Authorized By: \_\_\_\_\_

Date: \_\_\_\_\_