# INVOICE

Company Name

1234 Street Name, City, State, 123456

Phone: (123) 456-7890

Email: info@company.com

**Bill To:**

Client Name 6

5678 Another St, City, State, 654321

Phone: (098) 765-4321

**Invoice Number: 1006**

**Date: 2024-08-22**

| **Description** | **Quantity** | **Unit Price** | **Total** |
|---|---|---|---|
| Product 1 | 2 | $50.00 | $100.00 |
| Service 1 | 1 | $150.00 | $150.00 |
| | | **Subtotal:** | **$250.00** |
| | | **Tax (10%):** | **$25.00** |
| | | **Total:** | **$275.00** |

*Notes: Thank you for your business!*