INVOICE

Company Name

1234 Street Name, City, State, 123456

Phone: (123) 456-7890

Email: info@company.com

Bill To:

Client Name 9

5678 Another St, City, State, 654321

Phone: (098) 765-4321

Invoice Number: 1009

Date: 2024-08-25

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!