

INVOICE

[Your Business Name]

[Street address]

[City, State ZIP]

[email@yourbusiness.com]

[(555) 555-0123]

BILL TO

[Client Name]

[Street address]

[City, State ZIP]

[client@email.com]

Invoice number: INV-0001
Invoice date: 10/26/2026
Due date: 11/25/2026
Terms: Net 30
PO number: [PO-1234]

SERVICE	UNIT PRICE	QUANTITY	AMOUNT
Consultation Initial meeting and needs assessment	\$150.00	1	\$150.00
Project work Hourly rate	\$85.00	12	\$1,020.00
Materials Supplies used on the project, at cost	\$64.50	1	\$64.50

NOTES/MEMO

Thank you for your business. Please include the invoice number with your payment.

Subtotal: \$1,234.50
Amount due: \$1,234.50