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:	10/27/2026
Due date:	11/10/2026
Terms:	Net 14
Period:	[Start] – [End]

SERVICE	UNIT PRICE	QUANTITY	AMOUNT
[Mon date]: [task] Hours	$65.00	8	**$520.00**
[Tue date]: [task] Hours	$65.00	7.5	**$487.50**
[Wed date]: [task] Hours	$65.00	8	**$520.00**
[Thu date]: [task] Hours	$65.00	6.25	**$406.25**
Mileage Miles, at cost rate	$0.70	42	**$29.40**

NOTES/MEMO

Hours from timesheet attached. Rate $65/hour; overtime beyond 40 hours a week at $97.50/hour.

Subtotal:	$1,963.15
Amount due:	**$1,963.15**