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:	11/26/2026
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**