|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Your company name | | | | |
| Your Street  Your City, State, Country  Your ZIP Code | Your phone number  your@email.com  yourwebsite.com | | |  | | | |
|  |  | | |  | | | |
| BILLED TO:  Client Name  Street address  City, State Country  ZIP Code |  | | |  | | | |
| Invoice |  | | |  | | | |
| Description | QTY | Unit price | | | Amount |
| INVOICE NUMBER  00001  DATE OF ISSUE  mm/dd/yyyy | Your item name | x | x | | | $0 |
| Your item name | x | x | | | $0 |
| Your item name | x | x | | | $0 |
| Your item name | x | x | | | $0 |
| Your item name | x | x | | | $0 |
| Your item name | x | x | | | $0 |
|  | Your item name | x | x | | | $0 |
|  |  | | |  | | | |
|  |  | | |  | | | |
|  | **SUBTOTAL** | | | $0 | | | |
|  | **DISCOUNT** | | | $0 | | | |
|  | **(TAX RATE)** | | | 0% | | | |
|  | **TAX** | | | $0 | | | |
|  |  | | |  | | | |
| TERMS  E.g. Please pay invoice by MM/DD/YYYY | | | | **INVOICE TOTAL**  $1500 | | | |

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