|  |
| --- |
| Your company name |
| Your StreetYour City, State, CountryYour ZIP Code | Your phone numberyour@email.comyourwebsite.com |  |
|  |  |  |
| BILLED TO: Client NameStreet addressCity, State CountryZIP Code |  |  |
| Invoice |  |  |
| Description | QTY | Unit price | Amount |
| INVOICE NUMBER00001DATE OF ISSUEmm/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 |
|  |  |  |
| TERMSE.g. Please pay invoice by MM/DD/YYYY | **INVOICE TOTAL**$1500 |



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