

Your Business Name

# INVOICE

123 Your Street, City, State ZIP · you@business.com · (555) 123-4567

**FROM**

**BILL TO**

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| Invoice # | Invoice date | Due date | Payment terms |
|-----------|--------------|----------|---------------|
|           |              |          |               |

| DESCRIPTION   | QTY | RATE    | AMOUNT   |
|---|-----|---------|----------|
| <i>e.g. Professional services — June engagement</i> | 10  | \$90.00 | \$900.00 |
| <i>Additional support hours</i>                     | 2   | \$90.00 | \$180.00 |
|   |     |         |          |
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|              |            |
|--------------|------------|
| Subtotal     | \$1,080.00 |
| Tax rate (%) | 0.00 %     |
| Tax          | \$0.00     |

**TOTAL \$1,080.00**

**NOTES**

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