

INVOICE

Professional Service Invoice Template

YOUR COMPANY NAME

123 Business Street
City, State 12345
Phone: (555) 123-4567
Email: hello@company.com

Invoice #: INV-001

Date: MM/DD/YYYY

Due Date: MM/DD/YYYY

BILL TO

Client Name

Client Company
123 Client Street
City, State 12345

ITEMS / SERVICES

Description	Quantity	Rate	Amount
Service/Product 1	1	\$100.00	\$100.00
Service/Product 2	1	\$100.00	\$100.00
Service/Product 3	1	\$100.00	\$100.00

Subtotal: \$300.00

Tax (0%): \$0.00

TOTAL: \$300.00

Payment Terms

Payment due within 30 days
Late fees may apply after due date