

INVOICE

FROM:

[Your Business Name]

[Business Address]

[City, State, ZIP]

[Phone] | [Email]

[Tax ID / EIN]

BILL TO:

[Client Name]

[Client Company]

[Client Address]

[Client Email]

INVOICE DETAILS

Invoice Number: INV-_____

Invoice Date: _____

Due Date: _____ (Net _____ days)

PO Number (if applicable): _____

ITEMIZED CHARGES

DESCRIPTION QTY UNIT PRICE LINE TOTAL

[Item 1 description] ____ \$_____ \$_____

[Item 2 description] ____ \$_____ \$_____

[Item 3 description] ____ \$_____ \$_____

[Item 4 description] ____ \$_____ \$_____

[Item 5 description] ____ \$_____ \$_____

Subtotal: \$_____

Discount: - \$_____

Tax (___%): \$_____

Shipping: \$_____

TOTAL DUE: \$_____

PAYMENT TERMS

Payment due within _____ days of invoice date.

Late payments accrue interest at 1.5% per month or the maximum legal rate, whichever is lower.

PAYMENT METHODS

___ Check payable to: [Business Name]

___ ACH/Bank Transfer: Routing _____ Account _____

___ Wire Transfer: [Bank Name] | SWIFT _____

___ Credit Card: [Payment processor URL]

___ Online: [PayPal / Stripe / payment portal URL]

NOTES

Thank you for your business. Please reference invoice number INV-_____ on all payment correspondence.

DISCLAIMER: This template is provided for informational purposes only and does not constitute legal or accounting advice. For specialized invoicing needs (healthcare, government contracts, international trade), consult an accountant or attorney.