

[Your Business Name]

INVOICE

Address: _____

Phone: _____ NTN: _____

Invoice No.: _____

Date: _____

Bill to: _____

Due date: _____

Address: _____

Phone: _____

S.No	Description	Qty	Rate	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Payment terms: _____ Bank / account:

Subtotal	
Discount	
Tax	
Total	
Paid	
Balance due	

Customer signature

For [Your Business Name]