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TAX INVOICE

Bill To:

Client's Name/Company Name

Address Line 1

Address Line 2

City, Region, Post Code

Phone

Date: 19 September 2023**Due Date:** 26 September 2023**Invoice Number:** 10000027**Reference:** Smith**GST Number:** XXX-XXX-XXX

| Item | Quantity | Unit Price | Total |
|--------|----------|------------|-----------|
| Item 1 | 2 | \$ 6.03 | \$ 12.06 |
| Item 2 | 8 | \$ 16.54 | \$ 132.32 |
| Item 3 | 1 | \$ 372.75 | \$ 372.75 |
| Item 4 | 1 | \$ 36.00 | \$ 36.00 |
| Item 5 | | | |

Please pay to:

12-1234-1234567-00

Sub Total \$553.13**GST** \$35.18

If you have any concerns regarding this invoice,
please contact: Name, Phone, Email

Total **\$588.31****Thank you for your business!**

Proud partner of

