INVOICE

#INV-001

[Your Name/Agency]
[Street Address]
[City, State, Zip]
[Email/Phone]

BILL TO:
[Client Name]
[Client Company]
[Client Address]

DATE: [MM/DD/YYYY]
DUE DATE: [MM/DD/YYYY]

Description	Hours	Rate/hr	Total
[Service Name - e.g., Frontend Development]	0.00	$0.00	$0.00
[Service Name - e.g., Backend Integration]	0.00	$0.00	$0.00
[Service Name - e.g., Bug Fixes & QA]	0.00	$0.00	$0.00

Subtotal: $0.00
Tax (0%): $0.00

Amount Due: $0.00

Payment Terms:
Please send payment via [Bank Transfer/PayPal/Stripe].
Payment is due within [X] days of receipt.