

**Your Company Name**  
123 Business Rd.  
City, State ZIP  
Phone: (123) 456-7890  
Email: info@yourcompany.com  
[Date]

**Recipient Name**  
Recipient Position  
Company Name  
456 Client St.  
City, State ZIP

**Subject: Invoice for Services Rendered**

Dear [Recipient Name],

We appreciate your continued business with [Your Company Name]. Please find attached the invoice for the services provided during the period of [Service Period]. For your convenience, all charges, payment terms, and itemized billing information are included below.

Should you have any questions regarding this invoice, please do not hesitate to contact us.

Sincerely,

[Your Name]  
[Your Position]  
[Your Company Name]

**Invoice Attachment**

Invoice Number	[Invoice #]	Date	[Date]
Due Date	[Due Date]	Payment Terms	[Payment Terms]

Description	Quantity	Unit Price	Total
[Service/Product 1]	[Qty]	[Price]	[Total]
[Service/Product 2]	[Qty]	[Price]	[Total]
Subtotal			[Subtotal]
Tax			[Tax]
Total Amount Due			[Total Amount]