

[Freelancer Name]

[City], [Provinces] [Postal Code]

[Freelancer Phone Number]

[Freelancer Email Address]

Invoice

Bill To [Client Name]
[Client Address line 1]
[City], [Provinces] [Postal Code]

Invoice no. 2001321
Date 5/23/2017
Due Date

| Description | Quantity | Unit price | Amount |
|---------------------|----------|------------|-----------|
| Service One | 1 | Rs. 500 | Rs. 500 |
| Service Two (hours) | 10 | Rs. 50 | Rs. 500 |
| Total | | | Rs. 1,000 |

Enter your Notes, Bank Details, or Terms