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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!**

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Rewards