Invoice

Invoice No. 1

Date 2022-06-30

Bill To

Name: Test Company Address: Test Address

Qty	Description	Price	Tax	Amount
1	Test Product	1,000.00	0.00	1,000.00

Sub Total		1,000.00
Total		1,000.00
Received	Cash	1,000.00
Balance		0.00

Notes

Thank you for your business!
Payment Terms: Net 30 days
Payment Method: Cash