INVOICE

Harbor Light Design LLC

Street address: 123 Harbor Street

City, state, ZIP: Portland, ME 04101

Phone: (555) 123-4567

Email: hello@harborlightdesign.example

Tax ID (EIN or SSN), optional: XX-XXXXXXX

BILL TO	INVOICE DETAILS
Client name: Brightside Dental Group	Invoice number: INV-1001
Contact name: [Contact name]	Invoice date: March 3, 2025
Billing address: [Street, city, state, ZIP]	Payment terms: Net 30
Email: [client@example.com]	Due date: April 2, 2025
	PO or project reference (optional): [PO or project]

Description	Quantity	Unit rate	Line total
Website redesign	12 hrs	$85.00	$1,020.00
Logo refresh	1	$450.00	$450.00
Stock photo licenses	3	$25.00	$75.00

Totals	Amount
Subtotal	$1,545.00
Sales tax (7.25%)	$112.01
Deposit received	-$500.00
TOTAL DUE	$1,157.01

Word does not do math for you. Calculate each line total, the subtotal, tax and balance by hand, then type them in. The tax rate is editable: apply it only to taxable items and check your local rules.

PAYMENT INSTRUCTIONS Accepted methods: ACH bank transfer, check, or payment link. Payee name: Harbor Light Design LLC Bank transfer: Bank name [Bank name], routing number [Routing number], account number [Account number] Check mailing address: Harbor Light Design LLC, 123 Harbor Street, Portland, ME 04101 Payment link: [Your payment link] NOTES AND TERMS A late fee of 1.5% per month applies to balances unpaid after the due date. Thank you for your business! Please replace all sample entries with your own details.