

Hotel 101

123 Your Street
Your Town
Address Line 3

(123) 456 789
email@yourcompany.com

INVOICE

22-May-2019
Invoice #2334889
PO 456001200

Att: Ms. Jane Doe
Client Company Name

Dear Ms. Jane Doe,

Please find below a cost-breakdown for the recent work completed. Please make payment at your earliest convenience, and do not hesitate to contact me with any questions.

Many thanks,
Your Name

| # | Item Description | desc | Amount | Total (€) |
|------------------------|------------------|---------|--------|---------------|
| 1 | suite room | 1 night | 125.00 | 125.00 |
| 2 | | | | - |
| 3 | | | | - |
| 4 | | | | - |
| 5 | | | | - |
| 6 | | | | - |
| 7 | | | | - |
| 8 | | | | - |
| Subtotal | | | | 125.00 |
| Sales Tax (20%) | | | | 25.00 |
| Total | | | | 150.00 |

Many thanks for your custom! I look forward to doing business with you again in due course.

Payment terms: to be received within 60 days.

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