

# Your Company Name

# TAX INVOICE

Street Address  
 City, ST ZIP Code  
 Phone | Fax

**DATE:**  
**INVOICE #**  
**FOR:**

March 7, 2018  
 100  
 Yoga Classes

**BILL TO:**

Name  
 Company Name  
 Street Address  
 City, ST ZIP Code  
 Phone

DATE	TIME	DESCRIPTION	CLASS NUMBERS	RATE
12/1/18	4:00pm	General	8	\$ 50.00
14/2/18	6.30pm	Yin	10	\$ 50.00

<b>Sub Total</b>	\$ 100.00
<b>GST</b>	\$ 10.00
<b>TOTAL</b>	\$ 100.00

**Payment Details**

Bank:  
 BSB:  
 Account:  
 Name:

**THANK YOU FOR YOUR BUSINESS!**