

Company Name*Company Slogan***INVOICE**

Company Address

Phone: Enter phone

Fax: Enter fax

INVOICE #100

DATE: ENTER DATE

TO:

Recipient Name

Company Name

Street Address

City, ST ZIP Code

Phone

SHIP TO:

Recipient Name

Company Name

Street Address

City, ST ZIP Code

Phone

COMMENTS OR SPECIAL INSTRUCTIONS:

Your comments

SALESPERSON	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS
Enter here	Enter here	Enter here	Enter here	Enter here	Due on receipt

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
Quantity 1	Enter description	Enter price	Enter total
Quantity 2	Enter description	Enter price	Enter total
Quantity 3	Enter description	Enter price	Enter total
Quantity 4	Enter description	Enter price	Enter total
Quantity 5	Enter description	Enter price	Enter total
Quantity 6	Enter description	Enter price	Enter total
Quantity 7	Enter description	Enter price	Enter total
Quantity 8	Enter description	Enter price	Enter total
Quantity 9	Enter description	Enter price	Enter total
Quantity 10	Enter description	Enter price	Enter total
SUBTOTAL			Enter subtotal
SALES TAX			Enter sales tax
SHIPPING & HANDLING			Enter shipping & handling
TOTAL DUE			Enter total due

Make all checks payable to Company Name.

If you have any questions concerning this invoice, contact: Your Name at Phone or Email.

THANK YOU FOR YOUR BUSINESS!