[Your Company Name]

(Your Company Stogan)

[Address] [Town, County Postal Code] Phone [01234 567090] Fax [01234 567090] INVOICE

INVOICE No [100] DATE: 9 October, 2011

Billing Address: [Name] [Company] [Address] [Town, County Postal Code] [Phone] Delivery Address: [Name] [Company] [Address] [Town, County Postal Code] [Phone]

Comments or special instructions.

SALESPERSON	P.O. NUMBER	SENT DATE	SENT VIA	F.O.B. POINT	Due on receipt
QUANTITY	DESCRIPTION			UNIT PRICE	AMOUNT
				SURTOTAL SALES TAX PAP TOTAL DUE	

Make all cheques payable to [Your Company Name]
If you have any questions concerning this invoice, contact [Name, Phone Number, F-mail].

THANK YOU FOR YOUR BUSINESS!