

Your company Name  
[Your Company Slogan]

INVOICE

[Street Address]  
[City, ST ZIP Code]  
Phone: [509.555.0190] Fax: [509.555.0191]

INVOICE #[100]  
DATE: OCTOBER 29, 2015

TO:  
[Name]  
[Company Name]  
[Street Address]  
[City, ST ZIP Code]  
[Phone]

SHIP TO:  
[Name]  
[Company Name]  
[Street Address]  
[City, ST ZIP Code]  
[Phone]

COMMENTS OR SPECIAL INSTRUCTION:

SALESPERSON	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	F.O.B. POINT

QUANTITY	DESCRIPTION	UNIT PRICE