[Your Company Name]

INVOICE

[Your Company Singan]

[Address] [Town, County Postal Code] Phone (01234 55/890] Fax (01234 56/890) INVOK:- No [100] DATE: 9 October, 2011

TERMS

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

SALESPERSON

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

F.O.D. POINT

PAP

TOTAL DUE

Comments or special instructions:

P.O. NUMBER

DESCRIPTION	UNIT PRICE	AMOUNT
	DESCRIPTION	DESCRIPTION UNIT PRICE

SENT VIA

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

SENT DATE

THANK YOU FOR YOUR BUSINESS: