Your company Name
[Your Company Slogan]

[street Address]
[City, ST ZIP Code]
Phone [555.555.0100] Fax [555.555.0101]

INVOICE

INVOICE # [1000]
DATE: OCTOBER 5, 2011

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 INSTRUCTIONS:

REQUISITION NO	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
		SUBTOTAL	
		SALES TAX	
		SHIPPING & HANDLING	
		TOTAL DUE	

Make all checks payable to **[Your Company Name]**
Payment is due within 30 days.
If you have any questions concerning this invoice, contact **[Name, phone number, e-mail]**

Thank you for your business!