

Your Company Name

Your Company Slogan

Address

City, State ZIP

Phone 123.456.7890 Fax 123.456.7891

INVOICE

DATE: 1/1/2000

INVOICE # 100

Bill To:

Name

Company

Address

City, State ZIP

Phone

Ship To:

Name

Company

Address

City, State ZIP

Phone

Comments or Special Instructions: NONE

SALES PERSON	P.O. NUMBER	SHIP DATE	SHIP VIA	P.O.D. POINT	TERMS
					Due on receipt

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
00	up	\$ 183.03	\$ 11,929.40
SUBTOTAL			\$ 11,929.40
TAX RATE			8.60%
SALES TAX			1,025.93
SHIPPING & HANDLING			-
TOTAL			\$ 12,955.33

Make all checks payable to **Your Company Name**

If you have any questions concerning this invoice, contact NAME, Phone Number, Email

THANK YOU FOR YOUR BUSINESS!