

Your Company Name

Your Company Slogan

Address
City, State ZIP
Phone: 123.456.7890 Fax 123.456.7890

Bill To:
Name
Company
Address
City, State ZIP
Phone

Ship To:
Name
Company
Address
City, State ZIP
Phone

INVOICE

DATE: 1/1/2000
INVOICE # 100

Comments or special instructions: None

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

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
100	W	\$ 105.00	\$ 11,025.00

SUBTOTAL \$ 11,025.00

TAX RATE 8.00%

SALES TAX 1,025.00

SHIPPING & HANDLING -

TOTAL \$ 12,050.00Make 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!