

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	4	\$ 153.33	\$ 11,929.40

SUBTOTAL \$ 11,929.40

TAX RATE \$ 6.0%

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!