Your Company Name



Your Company Slogan

Street Address City, ST ZIP Code Phone 405.555.0190 Fax 405.555.0191 DATE: 30-05-2020 INVOICE #: 100 FOR: Baking Invoice

Bill To:

Name Company Name Street Address City, ST ZIP Code Phone

DESCRIPTION	AMOUNT
Choco Pastry	\$ 200.00
Vanilla ice cream	100.00
Pizza Bread	80.00
TOTAL:	380

Make all checks payable to **Your Company Name**If you have any questions concerning this invoice, contact Name, Phone Number, E-mail