

**Your Company Name**

# INVOICE

Street Address

City, ST ZIP Code

Phone Number, Web Address, etc.

**DATE:** March 18, 2015

**INVOICE #:** INV1001

## BILL TO

Name Test Customer 1  
Address  
City, State ZIP  
Country  
Phone  
Email  
Client # C1000

## SHIP TO

Name Test Customer 1  
Address  
City, State ZIP  
Country  
Contact

P.O. #	Sales Rep. Name	Ship Date	Ship Via	Terms	Due Date
		3/18/2015			

# / Taxable	Description	Quantity	Unit Price	Line Total
P1002 <input type="checkbox"/>	Test Product 3 (Non-taxable)	1	300.00	300.00
P1001 <input checked="" type="checkbox"/>	Test Product 2 (Service)	1	200.00	200.00
P1000 <input checked="" type="checkbox"/>	Test Product 1	1	100.00	100.00
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

SUBTOTAL 600.00

PST 8.000% 24.00

GST 6.000% 18.00

SHIPPING & HANDLING -

**TOTAL** 642.00

**PAID** -

**TOTAL DUE** 642.00

## NOTES:

THANK YOU FOR YOUR BUSINESS!