

Your Company Name

INVOICE

Street Address

InvoicingTemplate.com

City, ST ZIP Code

DATE: March 18, 2015

Phone Number, Web Address, etc.

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"/>				

SUBTOTAL 600.00

PST 8.000% 24.00

GST 6.000% 18.00

SHIPPING & HANDLING -

TOTAL 642.00

PAID 12.00

TOTAL DUE 630.00

NOTES:

PAYMENT DETAIL

DATE	TOTAL	APPLIED	TYPE	NOTES
5/Aug/16	12.00	12.00	check	

THANK YOU FOR YOUR BUSINESS!