|  |  |
| --- | --- |
| **Company Name**  Street Address | **INVOICE**  INVOICE # DATE: |
| **BILL TO:**  Recipient Name Company Name Street Address |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SALESPERSON** | **P.O. NUMBER** | **REQUISITIONER** | **SHIPPED VIA** | **F.O.B. POINT** | **TERMS** |
|  |  |  |  |  | Due on receipt |

|  |
| --- |
| SUBTOTAL |
| SALES TAX |
| SHIPPING & HANDLING |
| TOTAL DUE |

Make all checks payable to Company Name

**QUANTITY**

**DESCRIPTION**

**UNIT PRICE**

**TOTAL**

If you have any questions concerning this invoice, contact Name, phone, email

# THANK YOU FOR YOUR BUSINESS!