

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	q	\$ 183.03	\$ 11,929.45
SUBTOTAL			\$ 11,929.45
TAX RATE			8.60%
SALES TAX			1,025.93
SHIPPING & HANDLING			-
TOTAL			\$ 12,955.38

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!