

**GE Capital***[Your Company Slogan]*

403, Corum Drive  
Richmond, VA, 23221  
Phone [509.555.0190] Fax [509.555.0191]

**INVOICE**

INVOICE# ABC3907  
DATE: 26-FEB-2019

**TO:**

Name]  
Address]  
ST ZIP Code]

**SHIP TO:**

Name]  
Address]  
STZIP Code]

**COMMENTS OR SPECIAL INSTRUCTIONS:**

REQUEST COST CENTER	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS
987654321		Alok.tiwari@Augustconsulting.net			

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
X	Printer Cartridge	5.00	XYZ
2	Printer Toner	6.00	12.00
SUBTOTAL			27.00
SALES TAX			2.30
SHIPPING & HANDLING			0.00
TOTAL DUE			29.30

Make all checks payable to **[Your Company Name]**  
Payment is due within 30 days.  
If you have any questions concerning this invoice, contact **[Name, phone number, e-mail]**  
  
Thank you for your business!