

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

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

**INVOICE**

INVOICE# AB100028  
DATE: 14-APR-2019

**TO:**

[Name]  
[Company Name]  
[Street Address]  
[City ST ZipCode]

**SHIP TO:**

[Name]  
[Company Name]  
[Street Address]  
[City ST ZipCode]

**COMMENTS OR SPECIAL INSTRUCTIONS:**

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

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
3	Printer Cartridge large	5.00	zzz
2	Printer Toner large	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!