

GE Capital*[Your Company Slogan]*

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

INVOICE

INVOICE# AB100012
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	5.00	qwerty
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!