

HP Supplies

[Your Company Slogan]

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

INVOICE

INVOICE# ABC3896
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			0.00
SHIPPING & HANDLING			0.00
TOTAL DUE			27.00

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!