

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

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

**INVOICE**

INVOICE# HIIQ1004  
DATE: 26-FEB-2017

**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           |             | Costcentermgr.demo@highiq.ai |             |              | USD      |

| QUANTITY            | DESCRIPTION       | UNIT PRICE | TOTAL |
|---------------------|-------------------|------------|-------|
| 3                   | Printer Cartridge | 5.00       | 15.00 |
| 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!