

INVOICE



Your Company Name
123 Street Address
City, State, Zip/Post Code
Phone Number
Website
Email

DATE

INVOICE NO.

<Payment terms (due on receipt, due in X days)>

BILL TO

Contact Name
Client Company Name
Address
Phone, Email

SHIP TO

Name / Dept
Client Company Name
Address
Phone

DESCRIPTION	QTY	UNIT PRICE	TOTAL

Remarks / Payment Instructions:

SUBTOTAL

DISCOUNT

SUBTOTAL LESS
DISCOUNT

TAX RATE

TOTAL TAX

SHIPPING/HAND
LING

Balance
Due

Company Signature

Client Signature

