

Street Address City, ST ZIP Code Phone: Phone Fax: Fax

INVOICE

INVOICE # 100 DATE: DATE

TO: Recipient Name Company Name Street Address City, ST ZIP Code

Phone: Phone

SHIP TO: Recipient Name Company Name Street Address City, ST ZIP Code Phone: Phone

COMMENTS OR SPECIAL INSTRUCTIONS:

To get started right away, just tap any placeholder text (such as this) and start typing to replace it with your own.

SALESPERSON	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS
					Due on receipt

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
		SUBTOTAL	
		SALES TAX	
		SHIPPING & HANDLING	
		TOTAL DUE	

Make all checks payable to Company Name
If you have any questions concerning this invoice, contact Name, Phone, Email