

# INVOICE



Logo  
Name

**DATE**

Date

**INVOICE NO**

Number

**YOUR COMPANY**

Street Address  
City, ST ZIP Code  
Phone  
Fax  
Email

**INVOICE TO**

Street Address  
City, ST ZIP Code  
Phone  
Fax  
Email

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
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Due on Receipt

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
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Product	Product description	\$Amount	\$Amount
Product	Product description	\$Amount	\$Amount
Product	Product description	\$Amount	\$Amount
Product	Product description	\$Amount	\$Amount

Subtotal	
Sales Tax	
Total	