

Your Company Name  
Company Address  
City, State, Zip  
Phone Number

# INVOICE

Sold To:	
Company Name:	
Name:	
Address:	
City, State, Zip	

Ship To:
Company Name:
Name:
Address:
City, State, Zip

Invoice Number	P.O. Number	Ship Date	Ship Via	FOB	Terms

Quantity Ordered	Quantity Shipped	Description	Unit Price	Amount
			Subtotal	
			Sales Tax	
			Total	