INVOICE

Address: _____

_____

Contact: _____

LOGO

BILL TO

_____

_____

_____

_____

SHIP TO

_____

_____

_____

_____

Invoice Date: ___/___/___

Due Date: ___/___/___

DESCRIPTION	QTY	UNIT PRICE	TOTAL

Thank you for your business!

Terms & Instructions:

SUBTOTAL	
DISCOUNT	
SUBTOTAL LESS DISCOUNT	
TAX RATE	
TOTAL TAX	
SHIPPING/ HANDLING	

Balance Due ₹ _____