

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

INVOICE # 100
DATE: DATE

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

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

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			