Company Name

INVOICE

Street Address
City, ST ZIP Code
Phone: Phone Fax: Fax
INVOICE # 100
DATE: DATE

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

SALESPERSO	DN P.O. NU	JMBER REQUIS	SITIONER SH	HIPPED VIA	F.O.B. POINT	TERMS
						Due on receipt

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