|  |  |  |  |
| --- | --- | --- | --- |
| **Your Company Name**  **[Address]**  **[City]**  **[Country]**  **[Postal]** | | **INVOICE** | |
| Invoice No: **[#]**  Date: **[Date]** | |
|  | |  | |
| **Bill to**  Cataldo Capon  234 5th Ave.  Madison, WI 12345 | **Ship to**  Same as recipient | | **Instructions**  Express overnight delivery |

|  |  |  |  |
| --- | --- | --- | --- |
| **Quantity** | **Description** | **Unit price** | **Total** |
| 12 | Confidential file boxes | 75.00 | 900.00 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | | Subtotal | 900.00 |
| Sales Tax | 45.00 |
| Shipping & Handling | 24.99 |
| Total Due By Date 12/30/22 | 969.99 |

Thank you for your business!