|  |  |
| --- | --- |
| **Your Company Name****[Address]****[City]****[Country]****[Postal]** | **INVOICE** |
|  Invoice No: **[#]** Date: **[Date]** |
|  |  |
| **Bill to**Cataldo Capon234 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!