|  |  |
| --- | --- |
| INVOICE [Street Address]  [City, ST ZIP Code] Phone [phone] Fax [fax]Invoice #[100] Date: [Click to select a date] | [Company Name]  [Your Company Slogan] |
|  |  |
| To: [Recipient Name]  [Company Name]  [Street Address]  [City, ST ZIP Code]  Phone [phone] | Ship To: [Recipient Name]  [Recipient Name]  [Recipient Name]  [City, ST ZIP Code]  Phone [Recipient Name] |

|  |
| --- |
| Comments or special instructions: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SALESPERSON | P.O. NUMBER | REQUISITIONER | SHIPPED VIA | F.O.B. POINT | TERMS |
|  |  |  |  |  | Due on receipt |

|  |  |  |  |
| --- | --- | --- | --- |
| QUANTITY | DESCRIPTION | UNIT PRICE | TOTAL |
|  |  |  |  |
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|  |  |  |  |
|  | SUBTOTAL | |  |
|  | SALES TAX | |  |
|  | SHIPPING & HANDLING | |  |
|  | TOTAL due | |  |

Make all checks payable to [Company Name]

If you have any questions concerning this invoice, contact [Name, phone, email]

Thank you for your business!