|  |  |
| --- | --- |
| Company NameYour Company SloganStreet AddressCity, ST ZIP CodePhone: Phone Fax: Fax | INVOICEInvoice # 100Date: Date |
| To:Recipient NameCompany NameStreet AddressCity, ST ZIP CodePhone: Phone | Ship To:Recipient NameCompany NameStreet AddressCity, ST ZIP CodePhone: Phone |

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| --- |
| Comments or special instructions:To get started right away, just tap any placeholder text (such as this) and start typing to replace it with your own. |

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| --- | --- | --- | --- | --- | --- |
| 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!