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| --- | --- |
| [Company Name][Company Slogan][Company Address]Phone [Phone Number]Fax [Fax Number] | INVOICE |
| Invoice #[100]Date: [Pick the date] |

|  |  |
| --- | --- |
| To:[Name][Company Name][Street Address][City, ST ZIP Code][Phone Number] | Ship To:[Name][Company Name][Street Address][City, ST ZIP Code][Phone Number] |
| Comments or special instructions:[Your comments] |

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

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| --- | --- | --- | --- |
| 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: [Your Name] at [Phone Number] or [E-mail Address]. |
| Thank you for your business! |