|  |  |
| --- | --- |
| [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] | |

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