[Company Name] INVOICE

[Company Slogan]

[Company Address] Phone [Phone Number] Fax [Fax Number]

INVOICE #[100] DATE: [PICK THE DATE]

TO: SHIP TO:

[Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone Number]

SHIP TO:
[Name]
[Company Name]
[Company 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
SUBTOTAL			
SALES TAX			
SHIPPING & HANDLING			
TOTAL DUE			

Make all checks payable to [Company Name].

If you have any questions concerning this invoice, contact: Msaleh at [Phone Number] or [E-mail Address].