

INVOICE

Invoice No. _____

Date _____



Company Name
 123 Your Street
 City, State 12345
 Phone: 456-789-0123

SOLD TO:	SHIP TO:

SALES PERSON	P.O. NUMBER	SHIPPED DATE	SHIPPED VIA	TERMS	REFERENCE

NO.	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

NOTES:

SUBTOTAL:	
FEES:	
SALESTAX:	
TOTAL:	



Thank You For Your Business!