Company Name Here

SALES INVOICE

Company Street	Company Phone
City, State, ZIP Code	Company Email

Fax Number Company Website

Bill To: Invoice Number: Name: Street: Phone: City, State, ZIP Code:

Quantity	Item #		Description		Unit Price	Amount
Comments or Special Instructions:		Total Labor				
					Sales Tax	
					TOTAL	
Payment is du	ie within #	of days.				

Brought to you by OpenDocs.com