

Company Name

Company Slogan

Company Address
Phone: Enter phone
Fax: Enter fax

TO:
Recipient Name
Company Name
Street Address
City, ST ZIP Code
Phone

COMMENTS OR SPECIAL INSTRUCTIONS:
Your comments

INVOICE

INVOICE #100
DATE: ENTER DATE

SHIP TO:
Recipient Name
Company Name
Street Address
City, ST ZIP Code
Phone

SALESPERSON	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS
Enter here	Enter here	Enter here	Enter here	Enter here	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: Your Name at Phone or Email.

THANK YOU FOR YOUR BUSINESS!