## **Your company Name**

[Your Company Slogan]

[Street Address]
[City, ST ZIP Code]
Phone [509.555.0190] Fax [509.555.0191]

DATE: SEPTEMBER 27, 2016

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

**INVOICE** 

COMMENTS OR SPECIAL INSTRUCTIONS:

SALESPERSON	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
		SUBTOTAL	
		SALES TAX	
	SHIPPI	NG & HANDLING	
		TOTAL DUE	

Make all checks	payable to [Your Company Name]
Payment is due	within 30 days.
If you have any	questions concerning this invoice, contact [Name, phone number, e-mail]

Thank you for your business!