

[Your Company Slogan]

[Street Address]

[City, ST ZIP Code]

Phone [509.555.0190] Fax [509.555.0191]

INVOICE

INVOICE #[100]

DATE: OCTOBER 9, 2011

TO:

[Name]

[Company Name]

[Street Address]

[City, ST ZIP Code]

[Phone]

SHIP TO:

[Name]

[Company Name]

[Street Address]

[City, ST ZIP Code]

[Phone]

COMMENTS OR SPECIAL INSTRUCTIONS:

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

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
		SUBTOTAL	
		SALES TAX	
		SHIPPING & 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!