

**Your Company Name**

Street Address  
City, ST ZIP Code  
Phone Number, Web Address, etc.

# INVOICE

DATE:  
INVOICE #

**Bill To:****Ship To:**

P.O. #	Sales Rep. Name	Ship Date	Ship Via	Terms	Due Date

Product ID	Description	Quantity	Unit Price	Line Total

SUBTOTAL	-
PST 6.50%	-
GST 3.20%	-
SHIPPING & HANDLING	-
TOTAL	-
PAID	-
TOTAL DUE	-

THANK YOU FOR YOUR BUSINESS!