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| --- | --- |
| [Company Name] [Your Company Slogan] | INVOICE |
| [Street Address]  [City, ST ZIP Code]  Phone: [Phone] Fax: [Fax] | Invoice #[100]Date: [Date] |
| To: [Recipient Name]  [Company Name]  [Street Address]  [City, ST ZIP Code]  Phone: [Phone] | Ship To: [Recipient Name]  [Company Name  [Street Address]  [City, ST ZIP Code]  Phone: [Phone] |

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| Comments or special instructions: [To get started right away, just tap any placeholder text (such as this) and start typing to replace it with your own.] |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | SALESPERSON | P.O. NUMBER | REQUISITIONER | SHIPPED VIA | F.O.B. POINT | TERMS | |  |  |  |  |  | [Due on receipt] | |

| QUANTITY | DESCRIPTION | UNIT PRICE | TOTAL |
| --- | --- | --- | --- |
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|  | SUBTOTAL |  |
|  | SALES TAX |  |
|  | SHIPPING & HANDLING |  |
|  | TOTAL due |  |

Make all checks payable to [Company Name]

If you have any questions concerning this invoice, contact [Name, phone, email]

Thank you for your business!