|  |  |
| --- | --- |
| [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] |

|  |
| --- |
| 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 |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | 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!