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| Company Name Your Company Slogan  Street Address  City, ST ZIP Code  Phone: Phone Fax: Fax | INVOICE Invoice #100Date: 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!