

Your Company Name
Company Address
City, State, Zip
Phone Number

INVOICE

Sold To:
Company Name:
Name:
Address:
City, State, Zip

Ship To:
Company Name:
Name:
Address:
City, State, Zip

Invoice Number	P.O. Number	Ship Date	Ship Via	FOB	Terms

Quantity Ordered	Quantity Shipped	Description	Unit Price	Amount

Subtotal	
Sales Tax	
Total	