

INVOICE



DATE

Date

INVOICE NO

Number

YOUR COMPANY

Street Address
City, ST ZIP Code
Phone
Fax
Email

INVOICE TO

Street Address
City, ST ZIP Code
Phone
Fax
Email

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
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Due on Receipt

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
Product	Product description	\$Amount	\$Amount
Product	Product description	\$Amount	\$Amount
Product	Product description	\$Amount	\$Amount
Product	Product description	\$Amount	\$Amount

Subtotal	
Sales Tax	
Total	