

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	DUUE 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	<input type="text"/>
		Sales Tax	<input type="text"/>
		Total	<input type="text"/>