INVOICE

Warehouse Management System

Company Name

123 Logistics Way
Industrial District, ST 56789

Bill To:

_____
_____
_____

Invoice #: _____

Date: ____/____/____

P.O. #: _____

SKU / Item ID	Description	Location	Quantity	Unit Price	Total

Subtotal: $_____

Tax: $_____

Shipping/Handling: $_____

Total Amount: $_____

Notes / Terms:

Goods received in good condition. Payment due within 30 days. Items subject to warehouse restocking fees if returned.