

INVENTORY SUPPLY INVOICE

[Corporate Name]
[Street Address]
[City, State, Zip]

Invoice #: _____
Date: _____
P.O. #: _____

BILL TO

[Recipient Name/Dept]
[Company Name]
[Street Address]
[City, State, Zip]

SHIP TO

[Warehouse/Location Name]
[Attention Name]
[Street Address]
[City, State, Zip]

SKU / Item ID	Description of Goods	Quantity	Unit Price	Total

Subtotal: \$0.00

Tax Rate: 0.00%

Shipping/Handling: \$0.00

Total Due: \$0.00

Payment Terms: Net [30] Days. Please make checks payable to [Corporate Name].

Notes: Please inspect all inventory upon arrival. Report discrepancies within 48 hours.