

MANUFACTURING INVOICE

Company Name
Street Address
City, State, Zip

Invoice #: _____
Date: _____
PO #: _____

BILL TO:

SHIP TO:

Part / SKU #	Product Description	Batch/Lot #	Quantity	Unit Price	Total

Part / SKU #	Product Description	Batch/Lot #	Quantity	Unit Price	Total

Subtotal: \$ _____

Tax: \$ _____

Shipping/Handling: \$ _____

Total Amount: \$ _____

Terms: Net 30. Please make checks payable to Company Name.

Inventory Stock Verified By: _____ *Date:* _____