

INVOICE

[Supplier Name]
[Street Address]
[City, State, Zip]
[Tax ID/VAT]

INVOICE # _____

DATE _____

P.O. NUMBER _____

DUE DATE _____

BILL TO:
[Manufacturer Name]
[Department/Attn]
[Street Address]
[City, State, Zip]
SHIP TO:
[Facility/Plant Name]
[Loading Dock/Gate]
[Street Address]
[City, State, Zip]

PART / MATERIAL ID	DESCRIPTION / GRADE	LOT #	QUANTITY	UNIT	UNIT PRICE	TOTAL

PART / MATERIAL ID	DESCRIPTION / GRADE	LOT #	QUANTITY	UNIT	UNIT PRICE	TOTAL
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Subtotal:\$0.00

Freight/Shipping:\$0.00

Tax:\$0.00

Total Amount:\$0.00

PAYMENT TERMS & NOTES:

Net [30/60/90] Days. Please include Invoice Number with remittance. All raw materials include Certificate of Analysis (CoA) as attached.