INVOICE

Logistics ID: _____

Date: _____

PO Number: _____

SUPPLIER / FROM

_____
_____
_____

SHIP TO / CONSIGNEE

_____
_____
_____

SKU / Item #	Description	Quantity	Unit Cost	Total

Subtotal: $ _____
Freight/Shipping: $ _____

Tax: $ _____

Total Amount: $ _____

NOTES & TERMS

Payment Terms: _____ | Carrier: _____ | Tracking: _____