INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: _____
Date: _____
PO #: _____

BILL TO:

[Client Name]
[Client Address]
[Contact Name]

SHIP TO / INSTALL SITE:

[Site Name]
[Site Address]
[Contact Person]

Part Number / SKU	Description	Quantity	Unit Price	Total
	(e.g. L3 Managed Switch, 48-Port)			
	(e.g. Wireless Access Point, Wi-Fi 6)			
	(e.g. Rackmount Firewall Appliance)			

Part Number / SKU	Description	Quantity	Unit Price	Total
	(e.g. SFP+ Transceiver Module)			
	(e.g. Cat6a Shielded Patch Cables)			

Subtotal: $ _____
Tax: $ _____
Shipping/Freight: $ _____
TOTAL DUE: $ _____

Payment Terms: [e.g. Net 30]
Notes: All hardware includes standard manufacturer warranty unless otherwise specified. Please include invoice number with your payment.