

INVOICE

Invoice #: _____

Date: _____

PO #: _____

[Company Name]

[Street Address]

[City, State, Zip]

[Phone/Email]

SHIPPING FROM (ORIGIN)

[Facility/Warehouse Name]

[Address Line 1]

[Address Line 2]

[Contact Name/Phone]

SHIPPING TO (DESTINATION)

[Recipient Name/Company]

[Address Line 1]

[Address Line 2]

[Contact Name/Phone]

CARRIER

WAYBILL/TRACKING

SHIPPING METHOD

FOB POINT

