

INVOICE

Digital Office Supplies Ltd.

Invoice #: _____

Date: _____

Billing To:

Ship To / Department:

| Item Description | SKU/ID | Qty | Unit Price | Total |
|------------------|--------|-----|------------|-------|
|------------------|--------|-----|------------|-------|

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| | | | | |
| | | | | |
| | | | | |
| | | | | |

Subtotal: \$ _____
Tax: \$ _____
Shipping: \$ _____

Amount Due: \$ _____

Notes: _____

Payment Terms: Net 30. Please include invoice number on all remittances.