

INVOICE

Workspace Supply Co.
123 Office Lane, Suite 100
Business City, ST 54321

Invoice #: _____
Date: _____
PO #: _____

Bill To:

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

Subtotal: \$0.00
Tax: \$0.00
Shipping: \$0.00

Total Amount: \$0.00

Thank you for your business.

Payment Terms: Net 30. Please make checks payable to Workspace Supply Co.