INVENTORY INVOICE

Commercial Construction & Tooling

Invoice #: _____

Date: _____

Project ID: _____

VENDOR / SUPPLIER

Name: _____

Address: _____

Phone: _____

SHIP TO / JOB SITE

Foreman: _____

Site Address: _____

P.O. Number: _____

TOOL ID	DESCRIPTION / SPECIFICATION	QTY	UNIT PRICE	TOTAL

TOOL ID	DESCRIPTION / SPECIFICATION	QTY	UNIT PRICE	TOTAL

Subtotal: $ _____
Tax (___%): $ _____
Shipping/Handling: $ _____
Amount Due: $ _____

Notes: _____

Terms: Net 30 days. All tools remain property of the supplier until invoice is paid in full.

Authorized Signature: _____ Date: _____