

# FABRIC INVENTORY INVOICE

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

**Invoice #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PO #:** \_\_\_\_\_

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## BILL TO

[Client Name]  
[Company Name]  
[Address]  
[Phone]

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## SHIPPING DETAILS

**Carrier:** \_\_\_\_\_  
**Tracking:** \_\_\_\_\_  
**Season:** \_\_\_\_\_

Fabric ID / SKU	Description (Content, Weight, Color)	Width	Quantity (Yards/Meters)	Unit Price	Total

Subtotal: \$ \_\_\_\_\_  
Shipping & Handling: \$ \_\_\_\_\_  
Tax: \$ \_\_\_\_\_  
Grand Total: \$ \_\_\_\_\_

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**Notes / Return Policy:**

Please inspect all fabric for defects before cutting. No returns accepted after fabric has been processed or cut. Payments are due within [Number] days.