MATERIAL INVOICE

[Manufacturing Company Name]
[Street Address]
[City, State, Zip]

Invoice #: _____
Date: _____
P.O. #: _____

SUPPLIER / VENDOR

[Name]
[Address]
[Contact Person]

SHIP TO (INVENTORY LOCATION)

[Warehouse Name]
[Department/Floor]
[Attention Name]

Part / Material ID	Description	Lot / Batch #	Quantity	Unit	Unit Price	Total

Subtotal: $0.00
Shipping/Freight: $0.00
Tax: $0.00
Total Due: $0.00

NOTES / QUALITY INSPECTION REF

Authorized Signature: _____ Date: _____