INVOICE

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

Invoice #: _____
Date: _____
PO #: _____

BILL TO:

_____
_____
_____

SHIP TO:

_____
_____
_____

SKU / Product ID	Description	Quantity	Unit Price	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Subtotal: $_____

Tax: $_____
Shipping: $_____

Total: $_____

Notes: _____

Payment is due within [XX] days. Please make checks payable to: [Company Name]