INVOICE

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

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

Supplier:

[Supplier Name]
[Contact Name]
[Address]

Ship To:

[Warehouse/Department]
[Receiver Name]
[Address]

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

Subtotal: $0.00

Tax / Duty: $0.00
Shipping: $0.00

GRAND TOTAL: $0.00

Notes / QC Compliance:
_____

Authorized Signature: _____
Date Received: _____