WAREHOUSE NAME

123 Logistics Way
Industrial District, ST 12345
contact@warehouse.com

INVOICE

Invoice #: _____
Date: _____
PO #: _____

BILL TO

_____
_____
_____

SHIP TO / PICKUP LOCATION

_____
_____
_____

SKU / Item ID	Description	Location	Quantity	Unit Price	Total

SKU / Item ID	Description	Location	Quantity	Unit Price	Total

Subtotal: $ _____
Handling/Shipping: $ _____
Tax: $ _____
Amount Due: $ _____

Notes: _____

Payment Terms: Net 30. Please make checks payable to **Warehouse Name**.