SALES INVOICE

[Manufacturing Company Name]
[Street Address]
[City, State, Zip]
[Tax ID / VAT Number]

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

BILL TO

[Customer Name]
[Customer Address]
[Contact Phone]

SHIP TO

[Shipping Name/Warehouse]
[Shipping Address]
[Carrier / Method]

SKU / Item #	Description	Quantity	Unit Price	Discount %	Total

Subtotal: $ _____
Shipping & Handling: $ _____
Tax: $ _____
TOTAL AMOUNT: $ _____

TERMS & NOTES

Payment Terms: [e.g., Net 30]
Make all checks payable to [Company Name].
Goods remain the property of [Company Name] until paid in full.

Thank you for your business!