

SALES INVOICE

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

Invoice #: _____

Date: _____

PO #: _____

BILL TO:

[Client Name]
[Department]
[Organization]
[Address]

SHIP TO:

[Receiver Name]
[Lab/Room Number]
[Organization]
[Address]

Catalog #	Description	Qty	Unit Price	Total

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Subtotal: \$ _____

Tax: \$ _____

Shipping/Handling: \$ _____

Total Amount: \$ _____

Notes / Warranty Terms:

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