

# PPE SALES INVOICE

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

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Due Date: \_\_\_\_\_

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**BILL TO:**

[Customer Name]  
[Client Business Name]  
[Address]  
[Phone]

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**SHIP TO:**

[Shipping Contact]  
[Shipping Address]  
[City, State, Zip]

Item Description (SKU)	Quantity	Unit Price	Total
N95 Respirator Masks			
Nitrile Gloves (Box/100)			
Protective Eyewear/Goggles			
Disposable Gowns (Level 2)			

Item Description (SKU)	Quantity	Unit Price	Total
Face Shields			

Subtotal: \$0.00

Tax Rate (%): 0.00%

Shipping/Handling: \$0.00

TOTAL AMOUNT: \$0.00

**Notes:**

[Insert payment terms, return policy, or certification standards like NIOSH/CE here]

Thank you for your business. Please ensure all PPE is inspected upon delivery.  
Late payments may be subject to a [0]% monthly interest fee.