DENTAL SUPPLY CO.

123 Medical Plaza
City, State, Zip
Phone: (555) 012-3456

Invoice #: _____

Date: _____

PO #: _____

Bill To:

_____
_____
_____

Ship To:

_____
_____
_____

SKU / ID	Description of Equipment/Supplies	Qty	Unit Price	Total

Subtotal: $ _____

Tax: $ _____
Shipping: $ _____

Grand Total: $ _____

Notes/Warranty Information:

_____

Payment is due within 30 days. Thank you for your business.