[COMPANY NAME]

[Street Address]
[City, State, Zip]
[Phone/Email]

ADVANCE INVOICE

Invoice #: ___________
Date: ___________

CLIENT / CONTRACTOR

[Client Name]
[Company Name]
[Project Name/Site Address]

PAYMENT TERMS

Due Date: ___________
PO Number: ___________

Material Description	Quantity	Unit	Unit Price	Amount

Subtotal: $0.00
Tax Rate (%): 0.00
Total Advance: $0.00

Note: This is a pro-forma / advance invoice for material procurement. Delivery will be scheduled upon receipt of payment.

Banking Details: [Bank Name] | **Account:** [Number] | **Routing:** [Number]