INVOICE

[Linen Company Name]
[Street Address]
[City, State, Zip]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:
[Hotel Name]
[Contact Person]
[Hotel Address]
DELIVERY DETAILS:
Route: [North/South]
P.O. #: [Reference]

Item Description	Unit Size	Qty	Unit Price	Total
Bed Sheets (King/Queen)	[Size]	[0]	$0.00	$0.00
Pillowcases	Standard	[0]	$0.00	$0.00
Bath Towels	27x54	[0]	$0.00	$0.00
Hand Towels / Washcloths	Bulk	[0]	$0.00	$0.00

Item Description	Unit Size	Qty	Unit Price	Total
Bath Mats	Premium	[0]	$0.00	$0.00

Subtotal: $0.00
Tax (0%): $0.00

Grand Total: $0.00

Notes:
Please make checks payable to [Company Name].
Thank you for your business.