

PURCHASE INVOICE

Invoice #: [0000]

Date: [MM/DD/YYYY]

[Company Name]

[Street Address]

[City, State, Zip]

[Tax ID / VAT Number]

Vendor / Supplier:

[Name]

[Address]

[Phone/Email]

Ship To:

[Warehouse Name]

[Street Address]

[City, State, Zip]

| SKU / Item # | Description | Qty | Unit Price | Amount |
|--------------|-------------|-----|------------|--------|
| [] | [] | [] | \$0.00 | \$0.00 |
| [] | [] | [] | \$0.00 | \$0.00 |
| [] | [] | [] | \$0.00 | \$0.00 |

Subtotal: \$0.00

Wholesale Discount: (\$0.00)

Shipping & Handling: \$0.00

Total Due: \$0.00

Payment Terms: [Net 30 / Due on Receipt]

Notes: Please include invoice number on all remittances.