

INVOICE

INV-0001

Date: _____ / _____ /20____

PO Number: _____

VENDOR:

Phone: _____

BILL TO / SHIP TO:

Phone: _____

SKU / Item ID	Description	Qty	Unit Price	Total
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Subtotal: \$ _____

Tax: \$ _____

Shipping: \$ _____

TOTAL: \$ _____

Payment Terms: Net 30 / COD / Wire Transfer

Notes: _____