

**[COMPANY NAME]**

[Street Address]  
[City, State, Zip]  
[Tax ID / VAT Number]

**PURCHASE INVOICE**

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**P.O. #:** \_\_\_\_\_

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VENDOR / REMIT TO

**[Vendor Name]**

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

SHIP TO

**[Department/Contact]**

[Delivery Address]  
[City, State, Zip]  
[Instructions]

Item Description	SKU/Part #	Qty	Unit Price	Total
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Item Description	SKU/Part #	Qty	Unit Price	Total
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Subtotal: \$0.00  
Tax: \$0.00  
Shipping: \$0.00  
Amount Due: \$0.00

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**Payment Terms:** Net [30] Days

**Notes:** Please include the Purchase Order number on all correspondence and shipping labels.

Authorized Procurement Signature: \_\_\_\_\_