

PURCHASE INVOICE

Invoice #:

Date:

Company Name

Address Line 1

City, State, Zip

VAT/Tax ID: _____

Vendor / Supplier Name:

Address:

Contact:

Ship To / Warehouse Attention:

Location:

PO Number:

Item / Grade	Batch #	Qty / Unit	Unit Price	Total

Subtotal: \$ _____
Tax Rate: _____ %
Shipping: \$ _____
Total: \$ _____

Notes:

Authorized Signature: _____

Date: _____