

[ENTERPRISE NAME]

INVOICE

Date: [Date]

Invoice #: [Number]

PO #: [Purchase Order Number]

VENDOR / SELLER

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

BILL TO / BUYER

[Client Enterprise Name]
[Street Address]
[City, State, Zip]
[Department/Contact]

Description	Quantity	Unit Price	Total
[Product or Service Description]	[0]	[0.00]	[0.00]
[Product or Service Description]	[0]	[0.00]	[0.00]

Subtotal [0.00]
Tax ([0]%) [0.00]
Total Due [0.00]

Terms & Conditions:
Payment Terms: [Net 30/60]
Wire Transfer Info: [Bank Name / SWIFT / Account Number]
This invoice is subject to the Master Purchase Agreement dated [Date].