

PURCHASE INVOICE

Industrial Manufacturing Solutions Ltd.
123 Factory Lane, Industrial Park
Contact: +1 (555) 010-9988

Invoice #: _____
Date: _____
PO Number: _____

VENDOR / SELLER

Tax ID: _____
SHIP TO / BUYER

Contact: _____

Model / SKU	Equipment Description & Specifications	Qty	Unit Price	Total

PAYMENT TERMS & NOTES

Method: _____
Warranty Period: _____
Installation Included: Yes No

Subtotal: \$ _____
Freight/Shipping: \$ _____
Tax Rate (___ %): \$ _____

Total Amount: \$ _____

Authorized Signature: _____ Date: _____

Thank you for your business. Please include the invoice number on your remittance.