

# PURCHASE INVOICE

SCM ID: \_\_\_\_\_

Invoice #: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ /20\_\_\_

P.O. #: \_\_\_\_\_

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## SUPPLIER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

## SHIP TO:

Facility: \_\_\_\_\_

Warehouse: \_\_\_\_\_

Attn: \_\_\_\_\_

SKU / Part No.	Description	Quantity	Unit Price	Total
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**SKU / Part No.**

**Description**

**Quantity**

**Unit Price**

**Total**

Subtotal: \$ \_\_\_\_\_

Freight / Logistics: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

GRAND TOTAL: \$ \_\_\_\_\_

Payment Terms: \_\_\_\_\_

Notes / Incoterms: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_