

PURCHASE INVOICE

[Your Company Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: _____

Date: _____

P.O. Number: _____

Due Date: _____

VENDOR / SELLER

[Vendor Name]
[Contact Person]
[Address]
[Tax ID/VAT]

SHIP TO / REQUESTER

[Department/Name]
[Shipping Address]
[City, State, Zip]
[Contact Phone]

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 Rate: 0.00%
Shipping/Handling: \$0.00
Total Amount: \$0.00

PAYMENT TERMS & INSTRUCTIONS

Please remit payment within [30] days. Bank Account: [Account Number] | Swift/BIC: [Code]

Notes: [Enter special procurement instructions or shipping terms here]