INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
PH: [Phone Number]

Invoice #: _____
Date: _____
PO #: _____

BILL TO:

_____
_____
_____

SHIP TO (Job Site):

_____
_____
_____

MATERIAL DESCRIPTION / GRADE	QTY	UOM	UNIT WEIGHT	UNIT PRICE	TOTAL

Shipping / Flatbed Logistics:

Carrier: _____
BOL #: _____
Tarping Required: [ ] Yes [ ] No

Subtotal: $_____
Freight/Fuel: $_____
Tax: $_____

TOTAL: $_____

Terms: Net [ ] Days. Late fees may apply to overdue balances.

Notes: All material remains the property of [Company Name] until paid in full. Received in good condition by: _____