

# [VENDOR NAME]

[Street Address]  
[City, State, Zip]  
[Phone Number]  
[Email/Website]

## SHIPPING INVOICE

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_  
PO #: \_\_\_\_\_

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### BILL TO

[Customer Name]  
[Company Name]  
[Billing Address]  
[City, State, Zip]

### SHIP TO

[Recipient Name]  
[Shipping Address]  
[City, State, Zip]  
**Carrier:** \_\_\_\_\_

SKU / Item #	Description	Qty	Unit Price	Total

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Subtotal: \$0.00

Wholesale Discount: (\$0.00)

Shipping & Handling: \$0.00

Tax: \$0.00

**TOTAL AMOUNT: \$0.00**

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**TERMS & NOTES**

Payment Terms: [Net 30 / Due on Receipt]

Please make checks payable to: [Vendor Name]

Note: [Insert return policy or shipping discrepancy instructions here]