

INVOICE

Invoice #: _____

Date: _____

PO #: _____

[Company Name]

[Address Line 1]

[Address Line 2]

[Phone/Email]

VENDOR:

SHIP TO / BILL TO:

SKU / Item #	Description	Quantity	Unit Price	Total

SKU / Item #	Description	Quantity	Unit Price	Total

Subtotal: \$ _____
Shipping: \$ _____
Tax: \$ _____

TOTAL: \$ _____

Payment Terms: _____

Notes: _____