

SUPPLY CHAIN SOLUTIONS

Wholesale Logistics Division
123 Logistics Way, Suite 500
contact@supplychain.example

INVOICE

Invoice #: _____

Date: _____

P.O. #: _____

BILL TO:

SHIP TO:

SKU / Item ID	Description	Quantity	Unit Price	Total

SKU / Item ID	Description	Quantity	Unit Price	Total

Subtotal: \$0.00
Freight/Shipping: \$0.00
Tax: \$0.00

Total Amount: \$0.00

Payment Terms: Net 30 Days. Please make checks payable to "Supply Chain Solutions".

Notes: Goods received in good condition. All claims for discrepancies must be made within 7 days of delivery.