

INVOICE

Garment & Textile Supply Co.

Invoice #: _____

Date: _____

BILL TO:

SHIP TO:

Fabric/Item Description	Color/Roll #	Quantity (Yds/Mtrs)	Unit Price	Total

Subtotal: \$ _____

Tax: \$ _____

Shipping: \$ _____

Total Due: \$ _____

Payment Terms: Net 30 Days

Notes: Inspect goods before cutting. No returns accepted after fabric has been processed.