

MANUFACTURING INVOICE

[Manufacturer Name]
[Street Address]
[City, State, Zip]
[Tax ID / EIN]

BILL TO:
[Wholesaler/Client Name]
[Shipping Address]
[Contact Email/Phone]

Invoice #: [0000]
Date: [Date]
PO Number: [PO-000]
Terms: [Net 30/60]

SKU / Item #	Description	Quantity	Unit Price	Total
[Item SKU]	[Product Description]	[0]	[\$[0.00]]	[\$[0.00]]
[Item SKU]	[Product Description]	[0]	[\$[0.00]]	[\$[0.00]]
[Item SKU]	[Product Description]	[0]	[\$[0.00]]	[\$[0.00]]
Subtotal:			[\$[0.00]]	
Shipping & Handling:			[\$[0.00]]	
Tax ([0]%):			[\$[0.00]]	
Grand Total:			[\$[0.00]]	

Notes: [Insert lead time, shipping carrier, or quality control notes here.]

Payment Instructions: [Bank Wire Details / Check Payable To Information]