INVOICE

JANITORIAL SUPPLY CO.
123 maintenance Way
Service City, ST 12345
Phone: (555) 000-0000

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

_____
_____
_____
_____

SHIP TO (IF DIFFERENT)

_____
_____
_____
_____

SKU / ID	Description of Supplies	Qty	Unit Price	Amount

SKU / ID	Description of Supplies	Qty	Unit Price	Amount

Subtotal: $_____
Sales Tax: $_____
Shipping: $_____
Total: $_____

NOTES & PAYMENT INSTRUCTIONS

Please make all checks payable to **Janitorial Supply Co.**

Thank you for your business!