

# SHIPPING INVOICE

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

## COMPANY NAME

123 Business Street  
City, State, Zip  
Contact: (555) 000-0000

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### SHIP FROM:

Warehouse Name  
Address Line 1  
City, State, Zip

### SHIP TO:

Customer Name  
Delivery Address  
City, State, Zip

SKU / Item ID	Description	Quantity	Unit Price	Total

Subtotal: \$ \_\_\_\_\_

Shipping: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

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**TOTAL: \$** \_\_\_\_\_

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**Shipping Method:** \_\_\_\_\_

**Tracking Number:** \_\_\_\_\_

**Notes:** \_\_\_\_\_