SALES INVOICE

[Company Name]
[Address Line 1]
[City, State, Zip]
[Phone / Email]

Invoice #: _____
Date: _____
PO #: _____

Bill To:
[Customer Name]
[Address Line 1]
[City, State, Zip]
Ship To:
[Shipping Address]
[City, State, Zip]

Part Number	Description / Specification	Qty	Unit Price	Total

Subtotal: $ _____
Shipping & Handling: $ _____
Tax (%): $ _____

Total Amount: $ _____

Notes: All components are subject to standard manufacturer warranty. Return claims must be filed within 14 days of receipt.

Payment Terms: Net 30. Make all checks payable to [Company Name].