INVOICE

[Bakery Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: _____
Date: _____
PO #: _____

Bill To:
[Client Name]
[Client Business]
[Street Address]
[City, State, Zip]

Delivery To:
[Recipient Name]
[Delivery Address]
[City, State, Zip]

Delivery Date: _____

Muffin Variety / Item Description	Unit (Doz/Case)	Qty	Price	Total

Muffin Variety / Item Description	Unit (Doz/Case)	Qty	Price	Total

Subtotal: $_____
Delivery Fee: $_____
Tax: $_____

Amount Due: $_____

Payment Terms: Net [30] Days. Please make checks payable to [Bakery Name].
Notes: Freshness guaranteed for 48 hours from delivery. Thank you for your business!