

GEMSTONE INVOICE

Invoice #: _____

Date: _____

Business Name

Address Line 1

City, State, Zip

Email / Phone

Client Details:

Name: _____

Address: _____

Phone: _____

Payment Terms:

Method: _____

Due Date: _____

Gemstone / Jewelry Item Description	Carat/Weight	Qty	Unit Price	Total
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Subtotal: \$ _____

Tax (___%): \$ _____

Grand Total: \$ _____

Certification Notes: (e.g., GIA/IGL Certificate Numbers)

Thank you for choosing our exquisite collection.