

INVOICE

[Company Name]
[Address Line 1]
[Phone / Email]

Invoice #: _____
Date: _____
Due Date: _____

Bill To:

[Customer Name]
[Delivery Address]
[City, State, Zip]

Delivery Method:
[Bulk / Bagged / Spread]
Order Ref:
[PO Number]

Item Description	Quantity (Cubic Yards/Tons)	Unit Price	Amount
Organic Compost Soil Amendment			
Screened Topsoil Mix			
Delivery / Freight Fee			
Application / Spreading Service			

Subtotal: \$0.00
Tax: \$0.00
Total Due: \$0.00

Notes / Terms:

Please make checks payable to: [Company Name]. Payment is due within [Number] days. Thank you for supporting sustainable agriculture.