

[FLORIST NAME]

123 Garden Lane
Greenfield, ST 12345
hello@florist.com

INVOICE

Invoice #: _____
Date: _____

BILL TO:

EVENT/DELIVERY DATE:

Item Description (Stem/Arrangement)	Qty	Price	Total

Item Description (Stem/Arrangement)	Qty	Price	Total
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Subtotal: \$ _____

Delivery: \$ _____

Tax: \$ _____

TOTAL: \$ _____

Thank you for supporting local, pesticide-free agriculture.

Payment is due within 15 days of invoice date.