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| --- | --- |
| Company Name Company SloganCompany AddressPhone: Enter phoneFax: Enter fax | INVOICEInvoice #100Date: Enter date |

|  |  |
| --- | --- |
| bill to:Recipient NameCompany NameStreet AddressCity, ST ZIP CodePhone | Ship To:Recipient NameCompany NameStreet AddressCity, ST ZIP CodePhone |

|  |
| --- |
| special instructions:Type instructions |

| description  | quantity | $ / unit | TOTAL |
| --- | --- | --- | --- |
| Enter description | Enter quantity | Enter price | Enter total |
| Enter description | Enter quantity | Enter price | Enter total |
| Enter description | Enter quantity | Enter price | Enter total |
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| Enter description | Enter quantity | Enter price | Enter total |
| Enter description | Enter quantity | Enter price | Enter total |

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| --- | --- |
| SUBTOTAL | Enter subtotal |
| SALES TAX | Enter sales tax |
| SHIPPING & HANDLING | Enter shipping & handling |
| TOTAL DUE | Enter total due |

|  |
| --- |
| Make all checks payable to Company Name If you have any questions concerning this invoice, contact: Your Name at Phone or Email. |
| thank you! |