|  |  |
| --- | --- |
| Company Name Logo placeholder  Company Address  Phone: Enter phone  Fax: Enter fax | INVOICE Invoice #100Date: Enter date |

|  |  |
| --- | --- |
| To: Recipient Name  Company Name  Street Address  City, ST ZIP Code  Phone | Ship To: Recipient Name  Company Name  Street Address  City, ST ZIP Code  Phone |

|  |
| --- |
| Comments or special instructions: Your comments |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SALESPERSON | P.O. NUMBER | REQUISITIONER | SHIPPED VIA | F.O.B. POINT | TERMS |
| Enter here | Enter here | Enter here | Enter here | Enter here | Due on receipt |

| QUANTITY | DESCRIPTION | UNIT PRICE | TOTAL |
| --- | --- | --- | --- |
| Quantity 1 | Enter description | Enter price | Enter total |
| Quantity 2 | Enter description | Enter price | Enter total |
| Quantity 3 | Enter description | Enter price | Enter total |
| Quantity 4 | Enter description | Enter price | Enter total |
| Quantity 5 | Enter description | Enter price | Enter total |
| Quantity 6 | Enter description | Enter price | Enter total |
| Quantity 7 | Enter description | Enter price | Enter total |
| Quantity 8 | Enter description | Enter price | Enter total |
| Quantity 9 | Enter description | Enter price | Enter total |
| Quantity 10 | Enter description | Enter price | Enter total |

|  |  |
| --- | --- |
| 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 for your business! |