Your company Name

[Your Company Slogan]

[Street Address] [City, ST ZIP Code] Phone [509.555.0190] Fax [509.555.0191]

INVOICE #[100] DATE: OCTOBER 9, 2011

INVOICE

TO: [Name] [Company Name] [Street Address] [City, ST ZIP Code]

[Phone]

SHIP TO: [Name] [Company Name] [Street Address]

[City, ST ZIP Code] [Phone]

COMMENTS OR SPECIAL INSTRUCTIONS:

SALESPERSON	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
		SUBTOTAL	
		SALES TAX	
SHIPPING & HANDLING			
		TOTAL DUE	

Make all checks payable to	Your Company	/ Name
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Payment is due within 30 days.

If you have any questions concerning this invoice, contact [Name, phone number, e-mail]

Thank you for your business!