

# INVOICE

Date:

Invoice #:

Bill To:

Ship To:

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SALESPERSON	SHIP VIA	SHIP DATE	TERMS	DUE DATE

Item #	Description	Quantity	Unit Price	Total

Subtotal: \_\_\_\_\_

Tax Rate: \_\_\_\_\_

Sales Tax: \_\_\_\_\_

Shipping and Handling: \_\_\_\_\_

*If you have any concerns regarding this invoice, please contact*

**THANK YOU FOR YOUR BUSINESS!**

<b>TOTAL:</b>	
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