Your company Name

[Your Company Slogan]

INVOICE

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

INVOICE #[100]
DATE: OCTOBER 9, 2011

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**]
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!