INVOICE

Your Company Name

Street Address
City, ST ZIP Code
Phone Number,Web Address, etc.

DATE:
INVOICE #:

Bill To:

Ship To:

P.O. #	Sales Rep. Name	Ship Date	Ship Via	Terms	Due Date

Item ID	Description	Quantity	Unit Price	Line Total
			SUBTOTAL	-
	TAX	**General**	21.00%	-
		Labor	13.50%	-
			SHIPPING & HANDLING	-
			TOTAL	-
			PAID	-
			TOTAL DUE	-

Notes:

THANK YOU FOR YOUR BUSINESS!