



Your Company Name

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

INVOICE

DATE:
INVOICE #:

BILL TO:

SHIP TO:

P.O. #	Sales Rep. Name	Terms	Due Date
	Sales1	Net 60	

Product ID	Description	Quantity	Unit Price	Discount	Line Total
		10	20.00	5.00	195.00

NOTES:

SUBTOTAL	195.00
PST 8.000%	-
GST 6.000%	-
SHIPPING & HANDLING	-
TOTAL	195.00
PAID	-
TOTAL DUE	195.00

THANK YOU FOR YOUR BUSINESS!