|  |  |
| --- | --- |
| Company Name Your Company Slogan  Street Address  City, ST ZIP Code  Phone: Phone Fax: Fax | INVOICE Invoice # 100Date: Date |
| To: Recipient Name  Company Name  Street Address  City, ST ZIP Code  Phone: Phone | Ship To: Recipient Name  Company Name  Street Address  City, ST ZIP Code  Phone: Phone |

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| --- |
| Comments or special instructions: To get started right away, just tap any placeholder text (such as this) and start typing to replace it with your own. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SALESPERSON | P.O. NUMBER | REQUISITIONER | SHIPPED VIA | F.O.B. POINT | TERMS |
| xyz | 121879q847 | Latin | Air | Custom | Due on receipt |

|  |  |  |  |
| --- | --- | --- | --- |
| QUANTITY | DESCRIPTION | UNIT PRICE | TOTAL |
| 100 | PERISHABLE GOODS | 10000 | 10000 |
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| --- | --- | --- |
|  | SUBTOTAL | 10000 |
|  | SALES TAX | 1000 |
|  | SHIPPING & HANDLING | 500 |
|  | TOTAL due | 11500 |

Make all checks payable to Company Name

If you have any questions concerning this invoice, contact Name, Phone, Email

Thank you for your business!