Your Company Name
Company Address
City, State, Zip
Phone Number

INVOICE

Sold To:	
Company Name	
Name	
Address	
City, State, Zip	

Ship To:	
Company Name	
Name	
Address	
City, State, Zip	

Invoice Number	P.O. Number	Ship Date	Ship Via	FOB	Terms

Quantity Ordered	Quantity Shipped	Description	Unit Price	Amount
			Subtotal	
			Sales Tax	
			Total	