INVOICE

Logo Name

YOUR COMPANY
Street Address
City, ST ZIP Code
Phone
Fax
Email

DATE
Date

INVOICE NO
Number

INVOICE TO
Street Address
City, ST ZIP Code
Phone
Fax
Email

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
		Due on Receipt	

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
Product	Product description	$Amount	$Amount
Product	Product description	$Amount	$Amount
Product	Product description	$Amount	$Amount
Product	Product description	$Amount	$Amount

Subtotal	
Sales Tax	
Total	