

# INVOICE

DATE



**YOUR COMPANY NAME**  
STREET ADDRESS  
CITY, STATE ZIP CODE  
PHONE NUMBER

SOLD TO

SHIP TO

| ORDERING | ORDER DATE | CUSTOMER NO. | SALES PERSON | PURCHASE ORDER NO. | SHIP VIA | TERMS |
|----------|------------|--------------|--------------|--------------------|----------|-------|
|          |            |              |              |                    |          |       |

| QTY. ORDERED  | QTY. SHIPPED | QTY. B/O | ITEM NUMBER | DESCRIPTION | UNIT PRICE | U/M | EXTENDED PRICE |
|---|--------------|----------|-------------|-------------|------------|-----|----------------|
| <p>Please Note: This image is not to scale - It has been reduced to fit this sheet.</p> |              |          |             |             |            |     |                |

COMMENTS:

MISC. CHARGES  
SALES TAX  
FREIGHT

TOTAL ▶