

Company _____
 Dept. _____
 Street Address _____ City _____
 State _____ Zip Code _____
 Telephone _____
 Email: _____

Invoice

Bill To: _____ **Payable to** _____ **Invoice No:** _____
 Billing Name _____ **Date:** _____
 Billing Company _____

QUANTITY	DESCRIPTION	UNIT PRICE	PRICE
		SUBTOTAL	
		SALES TAX	
		SHIPPING & HANDLING	
		TOTAL	

If you have any questions concerning this invoice, please contact

Name _____ Telephone _____

THANK YOU FOR YOUR BUSINESS!