Company Name _____

SALES INVOICE

Street Address _____
City, State, Zip _____
Phone _____
Fax _____

INVOICE #____
DATE:_____

TO:
Street Address _____
City, State, Zip _____
Phone _____
Fax _____

SHIP TO:
Street Address _____
City, State, Zip _____
Phone _____
Fax _____

COMMENTS OR SPECIAL INSTRUCTIONS:

_____

_____

SALESPERSON	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS

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

Make All Checks Payable to _____

Invoice-Template.com