

INVOICE

DATE _____

INVOICE NO. _____

BILL TO:

SHIP TO:

CONTACT NAME _____

NAME/DEPT _____

CLIENT COMPANY NAME _____

CLIENT COMPANY NAME _____

ADDRESS _____

ADDRESS _____

PHONE _____

PHONE _____

EMAIL _____

DESCRIPTION	QTY	UNIT PRICE	TOTAL

REMARKS/NOTES

SUBTOTAL _____

DISCOUNT _____

SUBTOTAL LESS DISCOUNT _____

TAX RATE _____

TOTAL TAX _____

SHIPPING/HANDLING _____

TOTAL DUE _____