

*Your Company Slogan*

Street Address  
City, ST ZIP Code  
Phone: Phone Fax: Fax

# INVOICE

INVOICE #200  
DATE: 05/22/2017

**TO:**

Recipient Name  
Company Name  
Street Address  
City, ST ZIP Code  
Phone: Phone

## SHIP TO:

Recipient Name  
Company Name  
Street Address  
City, ST ZIP Code  
Phone: Phone

**COMMENTS OR SPECIAL INSTRUCTIONS:**

To get started right away, just tap any placeholder text (such as this) and start typing to replace it with your own.

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

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

Make all checks payable to Company Name  
If you have any questions concerning this invoice, contact Name, phone, email

**THANK YOU FOR YOUR BUSINESS!**