YOUR COMPANY NAME HERE 123 Main Street YOUR TOWN, STATE and ZIP

INVOICE

1001

	Phone 123-4567	(DATE	ORDER NO.
то		-	SHIP TO	
		-		

SALESPERSON	DATE SHIPPED	SHIPPED VIA	F.O.B. POINT	TERMS			
QUANTITY		DESCRIPTION	I	UNIT PRICE	E 	TOTAL	
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Thank You!