

**YOUR COMPANY NAME HERE**

123 Main Street  
YOUR TOWN, STATE and ZIP

**Phone 123-4567**

# INVOICE

1001

SHIP TO

INVOICE DATE

CUSTOMER ORDER NO.

SOLD  
TO

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SALESPERSON	QUOTE NO.	TAX EXEMPT NO.	DATE SHIPPED	SHIP VIA	F.O.B.	<input type="checkbox"/> PPD. <input type="checkbox"/> COLL
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QUANTITY ORDERED	QUANTITY SHIPPED	BACK ORDERED	STOCK NO.	DESCRIPTION	UNIT PRICE	PER	AMOUNT
<h1>SAMPLE</h1>							

DELIVERY:	<input type="checkbox"/> PARTIAL	<input type="checkbox"/> COMPLETE
DELIVERY BY:	DATE:	
RECEIVED BY:	DATE:	

TERMS	SUB-TOTAL
	TAX
	TOTAL

**Thank You**