|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | INVOICE |  | Logo placeholder |  |
|  | DATE Date | INVOICE NO Number | YOUR COMPANY Street Address  City, ST ZIP Code  Phone  Fax  Email |  |
|  | INVOICE TO  Street Address  City, ST ZIP Code  Phone  Fax  Email |  |  |  |

|  | SALESPERSON | Job | Payment Terms | Due date |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | Due on Receipt |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Quantity | Description | Unit Price | Line Total |  |
|  |  |  |  |  |  |
|  | Product | Product description | $Amount | $Amount |  |
|  | Product | Product description | $Amount | $Amount |  |
|  | Product | Product description | $Amount | $Amount |  |
|  | Product | Product description | $Amount | $Amount |  |
|  |  |  | Subtotal |  |  |
|  |  |  | Sales Tax |  |  |
|  |  |  | Total |  |  |