office printable .com

INVOICE

INVOICE NO.	DATE	DUE DATE	TERMS	CUSTOMER PO / JOB NO.

FROM	BILL TO	SHIP TO
Name	Name	Name
Address	Address	Address
City / ZIP	City / ZIP	City / ZIP
Phone	Phone	Phone

Qty	Description	Unit price	Amount

Subtotal	
Tax rate (%)	
Sales tax	
Shipping / delivery	
Total	
Paid	
Balance due	

HOW TO PAY / NOTES

Received by

Date