Your company Name



Phone Fax			Invoice # Date:
To:	S нір T o:		
Comments or special instructions:			
QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
		SUBTOTAL	
SALES TAX			
	SHIPP	ING & HANDLING	
		TOTAL DUE	
Make all checks payab	ele to		
Payment is due within 30 days. If you have any questions concerning this invoice, contact			
Thank you for your husiness!			