

Supplier Name

Address Line 1
Address Line 2
City, State ZIP
Phone: (xxx) xxx-xxxx
Email: info@supplier.com

INVOICE

Invoice #: _____

Date: _____

Due Date: _____

Billed To

Client Name
Company Name
Address Line 1
Address Line 2
City, State ZIP
Phone: (xxx) xxx-xxxx

Invoice Items

#	Description	Quantity	Unit Price	Discount	Total
1	Sample Product Name	_____	_____	_____	_____
2					

Subtotal _____

Tax (%) _____

Total _____

Notes

Payment is due within 30 days.

Thank you for your business.