INVOICE

Date: August 23, 2011
Invoice # [100]

[Your Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]
Fax [000-000-0000]
[E-mail address]

TO:
[Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]
Customer ID [ABC12345]

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
		Due on Receipt	

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
		Subtotal	
		Sales Tax	
		Total	

YOUR LOGO HERE

[Your company slogan]

Make all checks payable to [Your Company Name]

THANK YOU FOR YOUR BUSINESS!

LIVEWORKSHEETS