[Your Company Name]
[Your Company Slogan]

[Street Address]
[City, ST ZIP Code]
Phone [111.123.1234] Fax [111.123.1235]

INVOICE

INVOICE #[100]
DATE: JULY 15, 2008

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

SHIP TO:
[Name]
[Company]
[Street Address]
[City, ST ZIP Code]
[Phone]

COMMENTS OR SPECIAL INSTRUCTIONS:

SALES PERSON	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS
					Due on receipt

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
		SUBTOTAL	
		SALES TAX	
		SHIPPING & HANDLING	
		TOTAL DUE	

Make all checks payable to [Your Company Name]
If you have any questions concerning this invoice, contact [Name, phone, e-mail]

Thank you for your business!