YOUR LOGO HERE

INVOICE

[Your Company Name]
[Your Company Slogan]

INVOICE # [100]
DATE: JULY 15, 2008

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

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

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
		Due on receipt	

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
		SUBTOTAL	
		SALES TAX	
		TOTAL	

Make all checks payable to [Your Company Name]

THANK YOU FOR YOUR BUSINESS!