(Company Name)
(Company Address)
(Company Phone Number)

INVOICE

(Date)
Invoice #: _____
Vendor ID: _____
Terms: _____

Bill To:

(Company Name)
(Attn; if applicable)
(Company Address)

Item #	Description	Quantity	Unit Price	Amount
			Subtotal	
			Tax (___%)	
			Shipping Charges	
			Other Charges	
			Discounts	
			Amount Due	

Please make all checks payable to _____. If you wish to pay by credit card or debit card, or if you have any questions in regard to this invoice, contact _____ at _____.

Thank you for your business!

Invoice template provided by https://www.sba.com/legal/tools-and-templates/