INVOICE

YOUR COMPANY NAME
STREET ADDRESS
CITY, STATE ZIP CODE
PHONE NUMBER

FORM F0201

DPA FORMS

DATE	INVOICE NO.	PAGE

BILL TO

SHIP TO

DESCRIPTION	JOB NUMBER

CUSTOMER ORDER NO.	ORDER DATE	CUSTOMER NUMBER	SALES-MAN	PURCHASE ORDER NO.	SHIPPING INSTRUCTIONS	SHIP DATE

QUANTITY			UNIT	UNIT PRICE	DISCOUNT	EXTENDED PRICE
ORDERED	SHIPPED	REMAINING	STOCK NUMBER/DESCRIPTION			

TERMS:

SALE AMOUNT	
DISCOUNT TAX FREIGHT	
TOTAL	
DEPOSIT RECEIVED BALANCE DUE	