

# INVOICE

**YOUR COMPANY NAME**

YOUR ADDRESS  
YOUR CITY, STATE ZIP  
YOUR PHONE NUMBER

INVOICE NO:

INVOICE DATE:

PAGE:

SOLD TO:

SHIP TO:

ITEM	ORDER	SHIP	DESCRIPTION	PRICE	AMOUNT
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Remit to: **YOUR COMPANY NAME**  
YOUR ADDRESS  
YOUR CITY, STATE ZIP  
YOUR PHONE NUMBER