INVOICE

Bill to:	Ship to (if different)

Invoice Date	Invoice #	P.O. #	Vendor (our Number)	Date Shipped	Terms

Line Item	Part No.	Qty	Description	Hours	Rate	Amount

Subtotal:	
Tax:	
Shipping & Handling:	
Total Due:	

Thank you for your prompt payment! **Payment is due _____.**

Free Printables by Hoover Web Design http://www.hooverwebdesign.com