

Print Form

# Invoice

**Invoice#:**   
**Date:**   
**Order #:**   
**Terms:**

**Company:**   
**Address:**   
**State/Province:**   
**Zip/Postal code:**

**Phone:**   
**Fax:**   
**Contact Name:**

Item	Description	Quantity	Unit Price	Amount
<b>Comments:</b> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>			<b>Sub-total</b>	
			<b>Grand Total</b>	

**Internal Use Only**

<b>Amount \$:</b>	
<b>Check #:</b>	
<b>Date:</b>	