

FROM
Business name

Address

City / State / ZIP

Phone / Email

INVOICE

Invoice #:

Invoice date:

Due date:

PO / Reference:

BILL TO

Name / Company

Address

City / State / ZIP

Email / Phone

Description	Qty	Unit price	Amount

Subtotal

Tax (____ %)

TOTAL

Amount paid

BALANCE DUE

PAYMENT TERMS & INSTRUCTIONS