

INVOICE



COMPANY NAME

STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

PAGE

INVOICE DATE

INVOICE NO.

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TOTAL DUE

| SLS1 | SLS2 | DUE DATE | DISC DUE DATE | ORDER NO. | ORDER DATE | SHIP DATE | SHIP NO. |
|-------------------|-------|----------------------|---------------|-----------|------------|--------------|----------|
| TERMS DESCRIPTION | | CUSTOMER P.O. NUMBER | | | SHIP VIA | | |
| ITEM ID | TX CL | UNIT OF MEASURE | ORDERED | SHIPPED | UNIT PRICE | EXTENSION | |
| TAXABLE | | NON-TAXABLE | | FREIGHT | SALES TAX | MISC. CHARGE | TOTAL |