Invoice No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INVOICE**



**COMPANY NAME**

123 Your Street

City, State 12345

Phone: 456-789-0123

**NOTES:**

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Thank You For Your Business!

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**TOTAL:**

**SALES TAX:**

**FEES:**

**SUBTOTAL:**

**NO.**

**DESCRIPTION**

**AMOUNT**

**UNIT PRICE**

**QUANTITY**

**SALES PERSON**

**REFERENCE**

**TERMS**

**SHIPPED VIA**

**P.O. NUMBER**

**SHIPPED DATE**

**SHIP TO:**

**SOLD TO:**