

<Your Company Name>

<Your Company Address>

<Your Contact Details>

**PAGE**

**DATE**

**DATE OF EXPIRY INVOICE NO. CUSTOMER ID**

# BILL TO

<Contact Name>

<Client Company Name>

<Address>

<Phone>

<Email>

# BILL FROM

<Name / Dept>

<Client Company Name>

<Address>

<Phone>

**INVOICE Total**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ITEM PART # DESCRIPTION** | | **QTY UNIT PRICE** | |  | **TOTAL** |
| 75663 | Service Widget #1 | 1 | $ 85.00 | $ | 85.00 |
| 23321 | Warehouse Gadget | 2 | $ 75.00 | $ | 150.00 |
| 33322 | Business Guide | 1 | $ 100.00 | $ | 100.00 |
|  |  |  |  | $ | - |
|  |  |  |  | $ | - |
|  |  |  |  | $ | - |
|  |  |  |  | $ | - |
|  |  |  |  | $ | - |
|  |  |  |  | $ | - |
|  |  |  |  | $ | - |
|  |  |  |  | $ | - |
|  |  |  |  | $ | - |
|  |  |  |  | $ | - |
|  |  |  |  | $ | - |
|  |  |  |  | $ | - |
|  |  |  |  | $ | - |
|  |  |  |  | $ | - |
| **SPECIAL NOTES, INVOICE TERMS** | | **SUBTOTAL DiSCOUNT**  **SUBTOTAL AFTER DISCOUNT**  **TAX RATE TOTAL TAX SHIPPING/HANDLING**  **INSURANCE**  **<OTHER>**  **<OTHER>** | | $ | 335.00 |
| $ 74.00 | |
| $ 261.00 | |
| 8.00% | |
| $ 20.88 | |
| 5.00 | |
| 0.00 | |
| 0.00 | |
| 0.00 | |
|  | | | | **$ 99.88** | |

**I declare that the above information is true and correct to the best of my knowledge.**

Signature Date