Invoice

DATE

Name

Addr1

Addr2

City

State   Zip

CUSTOMER

BILL TO	SHIP TO
Addr1	Addr1
Addr2	Addr2
Addr3	Addr3
City	City
State Zip	State Zip

P.O. Number	TERMS	REP	SHIP DATE	SHIP VIA	F.O.B.

ROW	ITEM	DESCRIPTION	QUANTITY	PRICE EACH	AMOUNT
				SUBTOTAL	
Tax Jurisdiction			Tax Rate (%)	TAX	
				TOTAL	

MEMO