Invoice

Invoice#:	
Date:	
Order #:	
Terms:	
Company:	
Address:	
State/Province:	
Zip/Postal code:	
Phone:	
Fax:	
Contact Name:	

ltem	Description	Quantity	Unit Price	Amount
Comments:			Sub-total	
			Grand Total	
			Internal Use Only	
			Amount \$:	

Check #: Date: