

INVOICE



COMPANY NAME

STREET ADDRESS
 CITY, STATE, ZIP
 PHONE NUMBER

DATE

PAGE:

BILL TO:

SHIP TO:

PURCHASE ORDER NO.		CUSTOMER ID	SALES ID	SHIPPING METHOD	PAYMENT TERMS	REQ'D SHIP DATE	MASTER NUMBER
QUANTITY ORDERED	QUANTITY SHIPPED	QUANTITY B/O	ITEM NUMBER	DESCRIPTION	DISCOUNT	UNIT PRICE	EXTENDED PRICE