



# INVOICE

Company Slogan

Date: 01-01-2022  
INVOICE # AB123456

To Name  
Company Name  
Street Address  
City, ST ZIP Code  
Phone  
Customer ID ABC12345

Salesperson	Job	Payment Terms	Due Date
		Due on receipt	

Qty	Description	Unit Price	Line Total
1	Test Item	199	199
5	Test Item 2	25	125
6	Test Item 3	30	180

Subtotal	504
Sales Tax	16
Total	520

Make all checks payable to Company Name  
**Thank you for your business!**

Company Name Street Address City, ST ZIP Code Phone: Phone Fax: Fax Email