­­­­­­

**Invoice:**

**Month Day Year**

**SALES RECEIPT**

TO:

**CCcompany Name Here**

AdAddress, Suite 555, City, State 55555

Fax-555.555.5555

Ph-555.555.5555

**SHIP TO:**

Company Name Here

Street Address, Suite 555, City, State 55555

Fax-555.555.5555

Ph-555.555.5555

|  |  |  |  |
| --- | --- | --- | --- |
| no | Description | Unit Price | Total |
|  | ­  |  |  |
| **TOTAL** | $909.00 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sales Rep. | P.O. Number | Ship Date | Ship Via | FOB | Terms |
|   |   |   |  |  |  |