FROM (BUSINESS NAME, ADDRESS, PHONE, EMAIL)

INVOICE

INVOICE NO.

DATE

DUE DATE

PO NUMBER

TAX NO. (SALES TAX PERMIT / GST/HST / ABN / GST)

BILL TO

SHIP TO (IF DIFFERENT)

DESCRIPTION	QTY	UNIT PRICE	AMOUNT

PAYMENT TERMS AND HOW TO PAY

Subtotal	
Tax (%)	
Tax (%)	
Total	
Paid	
Balance due	

NOTES

Thank you for your business.