

INVOICE AB 000001

COMPANY NAME

ADDRESS
ADDRESS
ADDRESS

SOLD TO

S
H
I
P
P
E
D

T
O

SAME

DATE		YOUR ORDER NO.		F.O.B.		TERMS			
OUR ORDER NO.		SALESPERSON		DATE SHIPPED		SHIPPED VIA		P.S.T. EXEMPT NO.	

QUANTITY ORDERED	B/O	QUANTITY SHIPPED	DESCRIPTION	UNIT PRICE	UNIT	AMOUNT
PROOF						
TOTAL						