

INVOICE

Invoice No:

Date:

PO Number:

BILL TO

SHIP TO

DESCRIPTION OF GOODS / SERVICES	QTY	UNIT PRICE	AMOUNT

PARTIAL PAYMENT / INSTALLMENT SCHEDULE

INSTALLMENT NO.	DUE DATE	AMOUNT SCHEDULED	STATUS	BALANCE REMAINING

INSTALLMENT NO.	DUE DATE	AMOUNT SCHEDULED	STATUS	BALANCE REMAINING
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Subtotal:

Tax Rate / Tax:

Total Invoice:

TERMS & CONDITIONS

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Thank you for your business!