[YOUR COMPANY NAME HERE] [COMPANY ADDRESS] [COMPANY CONTACT NUMBER]			PURCHASE ORDER INVOICE #: DATE:			
TO: [PURCHASER NAM [COMPANY NAME [COMPANY ADDRI [COMPANY CONTA] ESS] ACT NUMBER]	IONS:	[CON	IPIEN MPAN MPAN	T NAME] Y NAME] Y ADDRESS] Y CONTACT NU	MBER]
SALES PERSON	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	F.O.B. POINT		TERMS
QUANTITY		UNI		UNIT PRICE	TOTAL	
Make all checks payable	SUBTOTAL					
Payment is due within <mark>[TIME UNIT]</mark> . Thank you for your business!			GST % (TAX)			
			SHIPPING & HANDLING			
					TOTAL DUE	

If you have any questions concerning this invoice, contact [CONTACT PERSON] at [CONTACT NUMBER].

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