COMPANY NAME

SALES RECEIPT



BILL TO

Name Street Address Address 2 City, ST ZIP Code SHIP TO

Name Street Address Address 2 City, ST ZIP Code

Invoice #	
Invoice Date	
Customer ID	

DATE	YOUR ORDER #	OUR ORDER #	SALES REP.	F.O.B.	SHIP VIA	TERMS	TAX ID

QTY	ITEM	UNITS	DESCRIPTION	DISCOUNT %	TAXABLE	UNIT PRICE	TOTAL

Please return the portion below with your payment.

Subtotal	
Tax	
Shipping	
Miscellaneous	
BALANCE DUE	

.....

REMITTANCE

Invoice #	
Customer ID	
Date	
Amount Enclosed	

YOUR LOGO HERE