INVOICE

Deliver Date

Quantity

Total

Authorized Singature _____

Item

Description/Materials

Descriptions

BILL TO:

Vendor Company

Type of Labor

Others

Notes/Comments:

Payment Method:

D		Invoice Date:			
		Due Date:			
		PO No:			
		Term	s:		
	L				
		Proje	ct Name:		
Proje		ct Location:			
Bill Da		ate from			
Bill Da		ate to			
ate	Quar	ntity	Unite Price	Amount	
.y		Unite	Price	Amount	
			Amount		
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Subt	total				
Subt					
	ount				
Disc	ount				
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Invoice No: