

Your Company Name

INVOICE

Street Address

City, ST ZIP Code

Phone Number, Web Address, etc.



DATE: March 18, 2015

INVOICE #: INV1001

BILL TO

Name Test Customer 1
 Address
 City, State ZIP
 Country
 Phone
 Email
 Client # C1000

SHIP TO

Name Test Customer 1
 Address
 City, State ZIP
 Country
 Contact

P.O. #	Sales Rep. Name	Ship Date	Ship Via	Terms	Due Date
		3/18/2015			

# / Taxable	Description	Quantity	Unit Price	Line Total
P1002 <input type="checkbox"/>	Test Product 3 (Non-taxable)	1	300.00	300.00
P1001 <input checked="" type="checkbox"/>	Test Product 2 (Service)	1	200.00	200.00
P1000 <input checked="" type="checkbox"/>	Test Product 1	1	100.00	100.00
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

SUBTOTAL	600.00
PST 8.000%	24.00
GST 6.000%	18.00
SHIPPING & HANDLING	-
TOTAL	642.00
PAID	-
TOTAL DUE	642.00



NOTES:

THANK YOU FOR YOUR BUSINESS!