

# CASH PAYMENT INVOICE

## DETAILS

DATE: \_\_\_\_\_

INVOICE NO. \_\_\_\_\_

## FROM

COMPANY: \_\_\_\_\_

ATTN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

## BILL TO

COMPANY: \_\_\_\_\_

ATTN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DESCRIPTION	AMOUNT (\$)
NOTES: _____	SUBTOTAL
_____	DISCOUNT
_____	TAX / VAT
_____	TOTAL

THANK YOU FOR YOUR BUSINESS

