

**PAID IN FULL**

# PAID (IN-FULL) INVOICE

## DETAILS

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

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

TERMS: \_\_\_\_\_

## FROM

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

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

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

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

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

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

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

## BILL TO

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

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

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

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

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

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

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

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

THANK YOU FOR YOUR BUSINESS

