|  |  |
| --- | --- |
| **Your Company Name/Logo** | INVOICE |
|  |  |  |
|  |  |  |
| Street Address | **INVOICE DATE:** |  |
| City, Prov Postal Code | **INVOICE #** |  |
| Phone ###.###.####  | **DUE DATE:** |  |
| Fax ###.###.#### |  |  |
| Email: |  |  |
| GST#: |  |  |
|  |
|  |
|  |
| **Bill To:** |
| Name |
| PGT Client Number (if known) |
| Street Address |
| City, Prov Postal Code |
| Phone |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **#** | **DATE(mm/dd/yyyy)** | **PURCHASE DESCRIPTION**  | **Rate** | **Quantity** | **Total** |
| 1 |   |  |  |  |  |
| 2 |   |   |   |   |  |
| 3 |   |   |   |   |  |
| 4 |   |   |   |   |  |
| 5 |   |   |   |   |  |
| 6 |   |   |   |   |  |
| 7 |   |   |   |   |  |
| 8 |   |   |   |   |  |
| 9 |   |   |   |   |  |
| 10 |   |   |   |   |  |
|  |  |  | GST | 5% |  |
|  |  |  | PST | 7% |  |
|  |  |  | **TOTAL**  |  |  |
|  |  |  |  |  |  |
| All supporting documentation/receipts shall be attached to this invoice |
| Make all cheques payable to **Your Company Name** |
| If you have any questions concerning this invoice, contact **Your Name**, **Your Phone Number, Your E-mail** |
|  |