

Your Company Name/Logo

INVOICE

Street Address
City, Prov Postal Code
Phone ###.###.####
Fax ###.###.####
Email:
GST#:

INVOICE DATE:
INVOICE #
DUE DATE:

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**