

DRY CLEANING INVOICE

FROM	DETAILS
------	---------

COMPANY: _____
 ATTN: _____
 ADDRESS: _____
 CITY, STATE: _____
 ZIP: _____
 PHONE: _____
 E-MAIL: _____

DATE: _____
 INVOICE NO. _____

BILL TO	SHIPPING
---------	----------

COMPANY: _____
 ATTN: _____
 ADDRESS: _____
 CITY, STATE: _____
 ZIP: _____
 PHONE: _____
 E-MAIL: _____

COMPANY: _____
 ATTN: _____
 ADDRESS: _____
 CITY, STATE: _____
 ZIP: _____
 PHONE: _____
 E-MAIL: _____

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT (\$)
NOTES: _____ _____ _____		SUBTOTAL	
		DISCOUNT	
		TAX / VAT	
		SHIPPING	
		TOTAL	

THANK YOU FOR YOUR BUSINESS

