

# INVOICE



**Business Name,**  
**Division Code :123**  
**LIC#: ABC**  
**456 Main St,**  
**City, State 12345-6789,**  
**(123) 456-7890**

Customer Number	12345
Invoice Number	12345678
Invoice Date	DD-MM-YY
SalesPerson Name	Last, First
Product Trade	INSULATION

**Customer Bill To Address**

DCT SEV  
123 Center St,  
City, State, 12345-6789

**Job Site Address:**

123 Main St.  
City, State 98765

Line	PO#	SO#	Ship Address	Trip	Amount	Retainage	Tax	Total
1	Net 30 Q# 12345678	987654321	12 Main St, City, State	Prep	133.80	0.00	0.00	133.80

Total Contract Amount	4,520.59
Completion to Date	133.80
Previous Billing	0.00
Previous Retainage Billing	0.00
Previous Retainage	0.00
<b>Invoice Amount</b>	<b>133.80</b>
Tax	0.00
Less: Current Retainage	0.00
Less: Payments	0.00
<b>Due by 30-NOV-2019</b>	<b>133.80</b>

Visit [www.truteambillpay.com](http://www.truteambillpay.com) to manage your invoices and make payments with TruTeam Bill Pay, our new seamless online payment portal.

<b>CHECK REMITTANCE COPY</b>	
<b>PLEASE RETURN THIS PORTION WITH YOUR PAYMENT TO</b>	
<b>Remit To Address:</b>	Customer Number : 12345
ATTN: Business Name	Invoice Number: 12345678
P.O. Box 123456	Invoice Date : DD-MMM-YY
City, State, 12345-6789	PO Number : NET 30 Q# 12345678
	PO Date : NA
	Sales Agent : Last, First
	Division Code : 123
	Job Number : 987654321
	Due by DD-MMM-YYYY : 133.80