## PRO-FORMA INVOICE TEMPLATE

## [Your Company Name]

[Your Company Slogan]

[Street Address] [City, ST ZIP Code] [Phone] [Fax] [E-mail] To: [Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]

[Phone]

Invoice #: [100] Date: [00/00/000] Customer ID: [ABC12345]

Quantity	Description	Unit Price	Line Total
		Sub Total	
		Sales Tax	
		Total	
		Total	