# INVOICE

PALMETTO POINTE
MEDICAL CENTER
123 Main Street
Anytown, USA 12345
555.123.4567• Fax 555.123.5678

| INVOICE DATE | |
|---|---|
| INVOICE NUMBER | |

CUSTOMER

SHIP TO

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE

| CUSTOMER ID | CUSTOMER PO# | ORDER DATE | SHIPPED VIA | FOB |
|---|---|---|---|---|
| | | | | |

| TERMS | DUE DATE | IF PAID BY | DEDUCT | SOLD BY |
|---|---|---|---|---|
| | | | | |

| ITEM # | DESCRIPTION | QTY | UNIT | UNIT PRICE | DISCOUNT | EXTENDED PRICE |
|---|---|---|---|---|---|---|
| | | | | | | |

| SUBTOTAL | |
|---|---|
| SALES TAX | |
| TOTAL DUE | |

To reorder item # F340, please call Blackbaud Forms toll-free at 866.422.3676