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|  |  | INVOICE |
| **Chapter Name** |  | Date: Date  INVOICE # 100 |
|  | To | Name  Company Name  Street Address City, ST ZIP Code  Phone  Customer ID ABC12345 |

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| --- | --- | --- | --- |
| Qty | Description | Unit Price | Line Total |
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|  |  |  |  |
|  |  | Subtotal |  |
|  |  | Sales Tax |  |
|  |  | Total |  |

Make all checks payable to Chapter Name

Thank you for your business!