|  |  |
| --- | --- |
| YOUR DEPARTMENT  PO Box ######  Charlottesville, VA 22904  Phone (###) ###-####  EMAIL@virginia.edu | INVOICE |
| Invoice # 00117  Date: March 6, 2017 |

|  |  |
| --- | --- |
| To: Customer Billing Info | For: Brief Description of goods/services |

|  |  |  |  |
| --- | --- | --- | --- |
| DESCRIPTION | QUANTITY | UNIT PRICE | AMOUNT |
|  |  |  |  |
| Good/Services provided. | # | $ | # x $ |
|  |  |  |  |
|  |  |  |  |
| Any info in regards to payment/where questions should be addressed. |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| Payment is due within 30 days (OR any other payment terms) |  |  |  |
| TOTAL |  |  | $ |