

[Company Name]

INVOICE

[Street Address]
[City, ST ZIP]
Phone: [000-000-0000]
FEIN# 12-3456789
Website:

DATE	3/7/2018
INVOICE #	[123456]
CUSTOMER ID	[123]
PURCHASE ORDER#	P00XXXXX

BILL TO:

MORGAN STATE UNIVERSITY
ACCOUNTS PAYABLE DEPARTMENT
1700 E COLD SPRING LANE
BALTIMORE, MD 21251
Email address: msuap@morgan.edu

DESCRIPTION	AMOUNT
DESCRIPTION OF SERVICES - SHOULD INCLUDE DETAILS ABOUT THE WORK PERFORMED AT MORGAN STATE UNIVERSITY DATES OF SERVICE TO BE INCLUDED ON EACH INVOICE SUBMISSION FOR EQUIPMENT, DESCRIPTION OF ITEM, DATE SHIPPED, ETC. TO BE INCLUDED	5,000.00 375.00

COMMENTS

1. Total payment due in 30 days
2. Please include the invoice number on your check

SUBTOTAL	5,375.00
TAX EXEMPT	0.000%
	-
OTHER	-
TOTAL	\$ 5,375.00

Make all checks payable to
[Your Company Name]

If you have any questions about this invoice, please contact
[Name, Phone #, E-mail]

Thank You For Your Business!