

# Sample Invoice

Vendor Name & Address

**Joe Smith Company**  
**123 East Main Street, Anytown, CA 90000**  
**Tel: 123.456.7898 Fax: 123.456.7899**

Customer Name & Address

**Sold To:**  
 Name: Heritage Surplus Center  
 Address: 456 West Main Street  
 City/State/Zip: Anywhere, CA 99999  
 Contact: John Brown

**Invoice:**  
 Date: 2/15/07  
 Invoice #: 12345

Purchase Date

Itemized list of equipment with Quantity, Model, Make, Text Description & Unit Price

Qty	Model #	Make	Description	Unit Cost	Total
20	RPJ19876	General Inc.	8' 4-lamp T5 Int High Bay Fixtures (216W)	200.00	4,000.00
80	F54T5/841/HO/ALTO	General Inc.	T5 Lamps for High Bay Fixtures (54W)	10.00	800.00
20	RJK-2554	General Inc.	Ballasts for High Bay Fixtures	40.00	800.00
5	Q345-BB2	General Inc.	Compact Fluorescent Fixtures (24W)	60.00	300.00
Basecases:					
- Measure L-H6: Replace 8' 2-lamp T12 Very High Output Fluor Fixtures (430 Watt, Model #145645 by General Inc)					
- Measure L-C2: Replace Incandescent Fixtures (75W)					
Materials					5,900.00
Tax					486.75
Installation					3,000.00
<b>Invoice Total</b>					<b>9,386.75</b>
<b>Less Edison Rebate</b>					<b>-2,585.00</b>
<b>Total After Rebate</b>					<b>6,801.75</b>

Indicate Basecase (Old Equipment) (or attach on separate sheet)

If Vendor is Rebate Payee, Customer's original signature (in ink, no copies)

Customer Signature: John Brown

PAID

If Vendor is Rebate Payee, Total Rebate Amount deducted from sales price

If original Invoice cannot be provided, note reason

*Customer required original invoice. Copy provided for rebate. - Joe Smith (Vendor)*

Marked Paid (stamped or show zero balance due) or List Terms (i.e. Net30, Net60, Payment Due Date)

**Important Notes:**

- **If Customer is not Payee (rebate is directed to Vendor or other 3rd Party):**  
 Payment Release Authorization on Form 2 of application must be completed & contain Customer's original signature (in ink, no copies).