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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Your Company Name/Logo** | | | INVOICE | | | | |
|  | | |  | |  | | |
|  | | |  | |  | | |
| Street Address | | | **INVOICE DATE:** | |  | | |
| City, Prov Postal Code | | | **INVOICE #** | |  | | |
| Phone ###.###.#### | | | **DUE DATE:** | |  | | |
| Fax ###.###.#### | | |  | |  | | |
| Email: | | |  | |  | | |
| GST#: | | |  | |  | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| **Bill To:** | | | | | | | |
| Name | | | | | | | |
| PGT Client Number (if known) | | | | | | | |
| Street Address | | | | | | | |
| City, Prov Postal Code | | | | | | | |
| Phone | | | | | | | |
|  |  |  | |  | |  |  |
|  |  |  | |  | |  |  |
| **#** | **DATE (mm/dd/yyyy)** | **PURCHASE DESCRIPTION** | | **Rate** | | **Quantity** | **Total** |
| 1 |  |  | |  | |  |  |
| 2 |  |  | |  | |  |  |
| 3 |  |  | |  | |  |  |
| 4 |  |  | |  | |  |  |
| 5 |  |  | |  | |  |  |
| 6 |  |  | |  | |  |  |
| 7 |  |  | |  | |  |  |
| 8 |  |  | |  | |  |  |
| 9 |  |  | |  | |  |  |
| 10 |  |  | |  | |  |  |
|  |  |  | | GST | | 5% |  |
|  |  |  | | PST | | 7% |  |
|  |  |  | | **TOTAL** | |  |  |
|  |  |  | |  | |  |  |
| All supporting documentation/receipts shall be attached to this invoice | | | | | | | |
| Make all cheques payable to **Your Company Name** | | | | | | | |
| If you have any questions concerning this invoice, contact **Your Name**, **Your Phone Number, Your E-mail** | | | | | | | |
|  | | | | | | | |