

Express Delivery Invoice

From:
Express Delivery Service
1234 Fast Lane
City, Country

Invoice #:

Date:

Billed To:

Description	Qty	Unit Price	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grand Total			<input type="text"/>

Authorized By:

Recipient Signature:

Thank you for using Express Delivery Services!