

Payment Invoice for Procured Products

Invoice No:   
Invoice Date:   
Supplier Name:   
Supplier Address:

#	Product Name	Description	Quantity	Unit Price	Total
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Subtotal:   
Tax (%):   
Total Amount:

Authorized Signature:

Payment Terms & Notes: