

Office Supply Invoice Form

Supplier:
Company Name
Address Line 1
City, State ZIP
Phone: (____) ____-____
Bill To:
Client/Company Name
Address Line 1
City, State ZIP
Phone: (____) ____-____
Invoice No.: INV-0001
Date: 2024-06-29
Due Date: 2024-07-13

Office Supplies

#	Item Description	Unit	Quantity	Unit Price	Subtotal
1	A4 Copy Paper	Ream	10	5.00	50.00
2	Ballpoint Pens	Box	5	7.00	35.00
3	Stapler	Piece	2	8.50	17.00
Total					102.00

Payment Method: Bank Transfer
Bank Details: [Bank Name, Account Number, Branch]

- Important Notes:**
- This document serves as a simplified invoice for office supplies only.
 - Please check all details before processing payment.
 - Contact the supplier within 7 days for any discrepancies.
 - Retain a copy of the invoice for your records and accounting.
 - Payment is due by the due date stated above.