

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.