



BILLING INVOICE

Company Name
123 Main Street
Hamilton, OH 44416
(321) 456-7890
Email Address
Tax ID:

INVOICE NO.	DATE
100001	01/15/20
CUSTOMER ID	TERMS
A246	Net 30 Days

PO # & ISSUE DATE	
-------------------	--

BILL TO:

ATTN: Alcon Point of Contact
Alcon Research, LLC
PO Box 240
Hartford, CT 06134, USA
Email: APU341.UnitedStates@alcon.com

SHIP TO:

ATTN: Name / Dept
Alcon Research, LLC
Warehouse 7 (Dock Doors 1-14)
6445 Will Rogers Blvd Ste 100
Fort Worth TX 76134-2099 USA

PO Line	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
10	Consultation	1	150.00	150.00
20	Design - 7 hours @ \$80 per hour	7	80.00	560.00
	Discount	1	-30.00	-30.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
Remittance Detail				680.00
SUBTOTAL				680.00
TAX (3.8%)				25.84
Shipping & Handling/Freight				7.50
Remittance address for check or Banking information for ACH or Wire				TOTAL \$ 713.34

For questions concerning this invoice, please contact
Name, (321) 456-7890, Email Address
www.yourwebaddress.com

Reference the Call Outs in **Yellow** below for relevant information. Please ignore Style and Format of the sample.

A **Purchase Order (PO) number** and **Date of Issuance** are required for all invoices.

The **Alcon Point/Person of contact** is required for all invoices.

The **Alcon Ship To address** changes by material shipping. Be sure to indicate the address accordingly.

PO line item must be referenced on the invoice to enable payment.

Tax and freight must be below the subtotal, for our system to pick it up correctly

Remittance details with address for check or banking information are required on all invoices