
From _____

Invoice For New Bedford Public Schools
455 County Street
New Bedford, MA 02740

Invoice # _____

Invoice Date _____

PO Number _____

Due Date _____

Description	Quantity	Unit Price	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal _____

Discount (0.25 = 25%) _____

Amount Due _____
