|  |  |  |
| --- | --- | --- |
| **Vendor Name Here** |  | **INVOICE** |
| Street Address Here |  | Invoice Number: |
| City, Province  Postal Code |  | Invoice Date: |
| Phone # |  |  |
|  |  |  |
|  |  |  |

**Customer Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Billing Address:** | | **Shipping Address:** | |
| Company: | City of Vancouver - APSS | Location: |  |
| Address: | PO BOX 7757 | Address: |  |
| City, Province: | Vancouver, BC | City, Province: |  |
| Postal Code: | V6B 0L5 | Postal Code: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Purchase Order #** |  |  | **City Contact Name**  **City Contact Email** |  |
| **Note: PO# is a 10 digit number starting with a 43, 45, or 47** | | | **Department** |  |

Order Information:

|  |  |  |  |
| --- | --- | --- | --- |
| **Product/Service Description** | **Qty** | **Amount Per Item** | **Total** |
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|  |  | Subtotal: |  |
|  |  | PST: |  |
|  |  | GST: |  |
|  |  | Shipping: |  |
|  |  | **Grand Total:** |  |

|  |
| --- |
| **Notes:** |
|  |

**Additional Information:** Sales, Events, Conditions of Sale, Warranty Information, Shipping Options or other policies can be mentioned here.