

(Your Company Name)
(Your Company Website)

Invoice Number
NJCU P.O. Number

Street Address
City, State, Zip Code
Phone: (201)555-1212 Fax: (201)555-1212
Email Address

NJ Business Cert. No.
Tax ID:

Bill To:
New Jersey City University
2039 Kennedy Blvd
Jersey City, NJ 07305-1597
Phone: (201) 200-3547
Fax: (201) 200-3238

Invoice Date
Due Date

Description of Services	Quantity	Price	Total

Subtotal:	
Tax:	
Shipping:	
Miscellaneous:	
Balance Due:	