
Supplier Invoice

Supplier Name

Street Address/PO Box
City, State, Zip Code

Invoice Number: 12345

Date: Date of Shipment/Services

Purchase Order: #####-###

Terms: Net ###

Bill To:

Trane Technologies
PO BOX #####
Davidson, NC 28036

Ship To:

Trane Technologies
Physical Address delivered
to/serviced
City, State, Zip Code

PO Line #	Quantity Shipped	UOM	Description	Unit Price	Total Amount
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1	10	EA	Trane Tech Part # and Description	\$20.00	\$200.00
5	50	EA	Trane Tech Part # and Description	\$10.00	\$500.00

Sub- Total	\$700.00
Tax	\$
Freight	\$
Total Amount USD	\$700.00

Remit All Payments To:

Supplier Name
Street Address/PO Box
City, State, Zip Code

Banking Name, Routing, IBAN, Account #, ECT.

Accounts Receivable Contact: Phone/ Email

Invoice Notes: Order Placed by <Trane Technologies employee Name>