

**Your Company Sample Non-PO Invoice, Inc.**

1000 Main St.  
 Building 2  
 Anywhere, ST ZIP Code

Invoice Date: \_\_\_\_\_

Phone: (608) 664-5088

Fax: (413) 555-0191

(1) E-mail: [U.S.Cellularrequestorname@uscellular.com](mailto:U.S.Cellularrequestorname@uscellular.com)

(2) U.S. Cellular® Requestor number: \_\_\_\_\_

(3) U.S. Cellular® Cost Center: \_\_\_\_\_

**Sample Invoice**

Invoice No.: **Your invoice number** <-----REQUIRED FIELDS----->  
 Date: June 14, 2006

Bill To: U.S. Cellular\_Requestor's Name  
 U.S. Cellular®  
 PO Box 620989  
 Middleton, WI 53562-0989

Note: Items

Line #	Item #	Description	Model	Shipped	UOM	Unit Price

Reminder: Please include the invoice number on your check.

Terms: Balance due in 30 days.

<b>Subtotal</b>	
<b>Tax</b>	
<b>Total</b>	

REMITTANCE (REQUIRED FIELDS)	
Your company name:	Enter Remit To Company Name
Remit to Address:	Your remit to address
Remit to Address:	You remit to addrss - line 2
City/State/Zip code	June 14, 2006