INVOICE

Invoice No. 0-0-0-0
Invoice Date: 0-0-0-0 0:0:0
Delivery Date: 0-0-0-0 0:0:0
Payment Date: 0-0-0-0 0:0:0

Billing Address

Billing Address: Street Address
Billing Address: Street Address
Street Address Continued
Street Address Continued
City
Zip Code

Ship To

Ship Address: Street Address
Ship Address: Street Address
Street Address Continued
Street Address Continued
City
Zip Code

SKU	Product Description	Quantity
${{ data.entries.item0.item_sku }}$	${{ data.entries.item0.item_name }}$	${{ data.entries.item0.item_quantity }}$
${{ data.entries.item1.item_sku }}$	${{ data.entries.item1.item_name }}$ ${{ data.entries.item1.item_variation }}$	${{ data.entries.item1.item_quantity }}$
${{ data.entries.item2.item_sku }}$	${{ data.entries.item2.item_name }}$	${{ data.entries.item2.item_quantity }}$
${{ data.entries.item3.item_sku }}$	${{ data.entries.item3.item_name }}$	${{ data.entries.item3.item_quantity }}$
${{ data.entries.item4.item_sku }}$	${{ data.entries.item4.item_name }}$	${{ data.entries.item4.item_quantity }}$
${{ data.entries.item5.item_sku }}$	${{ data.entries.item5.item_name }}$	${{ data.entries.item5.item_quantity }}$
SS	Shipping Fee with Insurance	ss

Subtotal: ${{ data.subtotal }}$

Shipping Fee: ${{ data.shipping_fee }}$

Total: ${{ data.total }}$

THANK YOU FOR THE PURCHASE!