

---

*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 #	Shipment #	Quantity Shipped	UOM	Description	Unit Price	Total Amount
1	2	10	EA	Trane Tech Part # and Description	\$20.00	\$200.00
5	1	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>