

SALES INVOICE

Invoice No: _____

Date: _____

Store Name

Address Line 1

Address Line 2

Phone: _____

Billed To:

Name: _____

Address: _____

Contact: _____

Payment Method: _____

Salesperson: _____

#	Item Description	Qty	Unit Price	Amount
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

Subtotal

Tax (%)

Total

Authorized Signature: _____

Thank you for your purchase! Goods once sold are not returnable.