

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.