

Bookstore Name

Address Line 1

Address Line 2

City, State ZIP

Phone: (____) ____-____

Email: info@bookstore.com

Invoice #: _____**Date:** ____/____/____**Cashier:** _____

Sales Invoice

Customer Information

Name: _____

Phone: _____

Email: _____

#	Book Title	Author	ISBN	Quantity	Unit Price	Total
1						
2						
3						
4						

Subtotal _____

Thank you for shopping with us!

Discount _____

Tax _____

Total _____

Paid _____

Change _____