

# SALES INVOICE

Store Name

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Invoice #: \_\_\_\_\_

Cashier: \_\_\_\_\_

**Bill To:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Payment:**

Method: \_\_\_\_\_

Due: \_\_\_\_\_

#	Item Description	Qty	Unit Price	Total
1	_____	—	_____	_____
2	_____	—	_____	_____
3	_____	—	_____	_____
				<b>Subtotal</b> _____
				<b>Tax</b> _____
				<b>Discount</b> _____
				<b>Total Due</b> _____
				<b>Paid</b> _____
				<b>Change</b> _____

Customer Signature:

\_\_\_\_\_

Thank you for your purchase!  
No returns without receipt.