

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	_____	—	_____	_____
			Subtotal	_____
			Tax	_____
			Discount	_____
			Total Due	_____
			Paid	_____
			Change	_____

Customer Signature:

Thank you for your purchase!
No returns without receipt.