

# Supplier Invoice Form

## Boutique Details

Boutique Name

Address

Phone

## Supplier Details

Supplier Name

Address

Phone

## Invoice Information

Invoice Number

Date

## Itemized List

Description	SKU / Code	Quantity	Unit Price	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subtotal				<input type="text"/>
Tax				<input type="text"/>
Total Amount				<input type="text"/>

Description	SKU / Code	Quantity	Unit Price	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subtotal				<input type="text"/>
Tax				<input type="text"/>
Total Amount				<input type="text"/>

Notes

Supplier Signature & Date

Received By (Boutique) & Date