

## Retail Vendor Purchase Invoice Record

Invoice Number:

Invoice Date:

Vendor Name:

Vendor Contact:

ITEM DESCRIPTION	ITEM CODE/SKU	QUANTITY	UNIT PRICE	TOTAL
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Subtotal:

Tax:

Total Amount:

Payment Status:  e.g., Paid/Unpaid

Remarks: