

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"/>	<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"/>	<input type="text"/>	<input type="text"/>

Subtotal:

Tax:

Total Amount:

Payment Status:

Remarks: