

Cash Register Invoice Form

Invoice No.

Date

Cashier

Customer Name

Customer Phone

Customer Email

Item Description	Qty	Unit Price	Discount	Total
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
Subtotal				<input type="text"/>
Tax				<input type="text"/>
Total Amount				<input type="text"/>
Amount Paid				<input type="text"/>
Change				<input type="text"/>

Additional Notes