

# INVOICE

Retail Merchandise

## Bill To:

[Customer Name]  
[Address Line 1]  
[Address Line 2]  
[City, State ZIP]  
[Phone / Email]

## From:

[Retail Store Name]  
[Store Address]  
[City, State ZIP]  
[Phone / Email]

## Invoice Details

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Due Date: \_\_\_\_\_

#	Description	SKU	Qty	Unit Price	Amount
1	[Item Description]	[SKU]	[Qty]	[Unit Price]	[Amount]
2	[Item Description]	[SKU]	[Qty]	[Unit Price]	[Amount]

Subtotal	[Subtotal]
Tax	[Tax]
<b>Total</b>	<b>[Total]</b>

## Notes

[Additional notes or instructions]

\_\_\_\_\_  
Authorized Signature

Date: \_\_\_\_\_

Thank you for your business!