

# Sales Invoice

Store Name Here  
Store Address Line 1, City, ZIP  
Phone: (123) 456-7890

**Invoice No:**

**Date:**

**Time:**

**Cashier:**

**Customer:**

**Contact:**

**Payment Mode:**

**Reference No:**

#	Item Name/Description	Code	Qty	Unit Price	Amount

**Subtotal**

**Discount**

**Tax**

**Total**

**Amount Paid**

**Balance Due**

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Customer Signature

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Cashier Signature

Thank you for shopping!