

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

Customer Signature

Cashier Signature

Thank you for shopping!