

Invoice

Invoice No: _____

Date: ____/____/____

Store Name

Address line 1

City, State ZIP

Phone: _____

Email: _____

Billed To:

Customer Name

Address line 1

City, State ZIP

Phone: _____

Payment Method:

Item Description	Qty	Unit Price	Amount
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____

Remarks:

Subtotal:

Tax (%) :

Total:

Customer Signature

Authorized Signature
