

# Blank Invoice Receipt

Invoice No.

Date

Cashier

Customer Name

Contact

#	Item Description	Unit Price	Qty	Total
1	<div></div>	<div></div>	<div></div>	<div></div>
2	<div></div>	<div></div>	<div></div>	<div></div>
3	<div></div>	<div></div>	<div></div>	<div></div>
4	<div></div>	<div></div>	<div></div>	<div></div>

Subtotal

Tax

Total

Notes