

Retail Sales Invoice Receipt

Store Name: _____

Date: _____ / _____ / _____

Invoice #: _____

Customer Name: _____

Contact: _____

#	Description	Qty	Unit Price	Total
1	Sample Item 1	_____	_____	_____
2	Sample Item 2	_____	_____	_____
3	_____	_____	_____	_____

Subtotal	_____
Tax	_____
Total	_____
Amount Paid	_____
Balance	_____

Customer Signature

Authorized Signature