

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