INVENTORY PURCHASE INVOICE

Invoice #: _____
Date: _____

[Store Name]
[Street Address]
[City, State, Zip]
[Phone Number]

VENDOR / SUPPLIER

[Company Name]
[Contact Person]
[Address]
[Phone/Email]

SHIPPING INFORMATION

PO Number: _____
Ship Via: _____
Terms: _____
Delivery Date: _____

SKU / Item #	Description	Qty	Unit Cost	Total

SKU / Item #	Description	Qty	Unit Cost	Total

Subtotal: $0.00
Tax: $0.00
Shipping: $0.00

Total Amount: $0.00

Notes / Instructions:

_____

Thank you for your business.