

BAKERY STOCK INVOICE

Invoice #: _____

Date: _____

Supplier Details

Name: _____

Phone: _____

Ship To:

Bakery Name: _____

Address: _____

City/Zip: _____

Order Info:

P.O. Number: _____

Delivery Date: _____

Payment Terms: _____

Ingredient / Item Description	Unit (kg/lb/box)	Qty	Unit Price	Total
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Ingredient / Item Description	Unit (kg/lb/box)	Qty	Unit Price	Total
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Subtotal: \$ _____

Tax: \$ _____

Shipping: \$ _____

Total: \$ _____

Notes: _____

Received by: _____ Signature: _____