INVOICE

Electronics Retail Group

Date: _____

Invoice #: _____

Supplier Details:

Name: _____
Address: _____
Contact: _____

Inventory Destination:

Store ID: _____
Manager: _____
Location: _____

SKU / Model #	Product Description	Qty	Unit Price	Total

Subtotal: $_____
Tax (____%): $_____
Grand Total: $_____

Notes: All electronic components are subject to standard warranty terms. Please inspect shipment for damage upon arrival.

Received By: ____________________________ Date: ________________