

INVENTORY INVOICE

[Store Name]
[Address Line 1]
[City, State, Zip]

Invoice #: _____
Date: _____
PO #: _____

VENDOR INFORMATION

Name: _____
Contact: _____
Email: _____

SHIPPING DETAILS

Carrier: _____
Tracking: _____
Warehouse: _____

| SKU / Item ID | Description (Style/Color) | Size | Qty | Unit Cost | Total |
|---------------|---------------------------|------|-----|-----------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Subtotal: \$ _____
Shipping/Freight: \$ _____
Tax: \$ _____

Grand Total: \$ _____

NOTES & TERMS

Goods received in: Good Condition Damaged

Authorized Signature: _____ Date: _____