

# INVOICE

[Company Name]  
[Address Line 1]  
[Address Line 2]

**Date:** [MM/DD/YYYY]  
**Invoice #:** [000000]  
**Reference:** Restocking Fee

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## Bill To:

[Customer/Vendor Name]  
[Billing Address]  
[Contact Email/Phone]

## Original Transaction:

Order ID: [Order #]  
Return Date: [Date]  
RMA #: [Number]

Item Description	Qty	Unit Value	Fee %	Adjustment Amount
[Product Name/SKU - Inventory Return]	[0]	[\$0.00]	[0]%	[\$0.00]
[Product Name/SKU - Inventory Return]	[0]	[\$0.00]	[0]%	[\$0.00]

Subtotal Items: [\$0.00]  
Total Restocking Fees: [\$0.00]  
Tax (if applicable): [\$0.00]

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**Total Adjustment: \$[0.00]**

**Notes:** This invoice represents the restocking fee adjustment for returned inventory as per the agreed terms of service. Fees are calculated based on item condition and processing requirements.