RETAIL SALES INVOICE

Store ID: _____

Date: _____

Invoice #: _____

Register Information:
Terminal No: _____
Cashier Name: _____
Shift: _____
Store Location:
_____
_____
Phone: _____

SKU / Item Description	Qty	Unit Price	Total

Subtotal: $ _____
Tax (____%): $ _____
Discounts: $ _____

Total Revenue: $ _____

Payment Method Breakdown:

Cash: _____ | Credit: _____ | Other: _____

Manager Signature: _____ Date: _____

Thank you for your business.