SALES INVOICE

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

Invoice #: _____
Date: _____
Cashier: _____

Bill To:

_____
_____
_____

Description	Qty	Unit Price	Total

Subtotal: $_____
Sales Tax (___%): $_____

Grand Total: $_____

Thank you for your business!
Returns accepted within 30 days with original receipt.