GROCERY OUTLET

Bargain Market

INVOICE

_____
Date: _____

Vendor / Remit To:

_____
_____
_____

Store Location:
Store #_____
_____
_____

Item / SKU	Description	Qty	Unit Price	Total

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

Total Amount: $ _____

Terms: Net ____ Days | Received By: _____

Thank you for your business!