[BOUTIQUE NAME]

INVENTORY INVOICE
[0000]

Supplier:
[Company Name]
[Address Line 1]
[City, State, Zip]

Date: [MM/DD/YYYY]
PO Number: [0000]
Due Date: [MM/DD/YYYY]

SKU / ITEM #	DESCRIPTION	SIZE/COLOR	QTY	UNIT COST	TOTAL

Subtotal $0.00
Shipping $0.00
TOTAL $0.00

Terms: Net 30. All items must be inspected upon receipt. Return claims must be made within 7 days.