

INVOICE

[Bakery Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Route #: [000]

BILL TO:

[Client/Store Name]
[Client Address]
[City, State, Zip]

SKU / Item	Description	Qty Delivered	Unit Price	Returns	Amount

Subtotal: \$0.00

Credit for Returns: (\$0.00)

Tax: \$0.00

TOTAL DUE: \$0.00

Driver Signature

Received By (Print & Sign)