

BAKERY NAME

123 Flour Street, Dough City

Phone: (555) 012-3456

Email: orders@bakery.com

INVOICE

Date: _____

Invoice #: _____

BILL TO:

Client Name: _____

Business: _____

Address: _____

Phone: _____

DELIVERY DETAILS:

Delivery Date: _____

Route/Driver: _____

Special Instructions: _____

| Qty | SKU / Code | Item Description | Unit Price | Total |
|-----|------------|------------------|------------|-------|
| | | | | |
| | | | | |
| | | | | |

| Qty | SKU / Code | Item Description | Unit Price | Total |
|-----|------------|------------------|------------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Subtotal: \$ _____
 Delivery Fee: \$ _____
 Tax: \$ _____
 TOTAL DUE: \$ _____

Terms: Net 30. Please make checks payable to **BAKERY NAME**.

Received By: _____ Date: _____