PURCHASE INVOICE

Invoice #: _____
Date: _____

[RETAILER NAME]
[Street Address]
[City, State, Zip]
[Tax ID / VAT Number]

SUPPLIER INFORMATION

[Supplier Name]
[Contact Person]
[Street Address]
[City, State, Zip]
[Phone/Email]

SHIPPING DETAILS

Ship To:
[Warehouse/Store Name]
[Delivery Address]
[Shipping Method]
[PO Reference Number]

SKU / Item #	Description	Quantity	Unit Price	Total

Subtotal: $ _____
Tax: $ _____
Shipping: $ _____
GRAND TOTAL: $ _____

TERMS & NOTES

Payment Terms: [e.g., Net 30]
Please include the Invoice Number on all payments and correspondence.