STATIONERY SHOP NAME

123 Paper Street, Ink City
Phone: (555) 012-3456

INVOICE

Date: _____
Invoice #: _____

Customer Name:
_____

Payment Method: [ ] Cash [ ] Card [ ] Other

Item Description	Qty	Unit Price	Total

Subtotal: $_____
Tax (___%): $_____
Grand Total: $_____

Thank you for your purchase!