BULK INVENTORY INVOICE

THRIFT SHOP NAME
Store Address Line 1
City, State, Zip

SUPPLIER / SOURCE:
_____
_____
_____

INVOICE #: _____
DATE: _____
PO #: _____

CATEGORY (E.G., MENSWEAR, HOUSEWARES)	CONDITION GRADE	UNIT TYPE (BALE/BIN/PALLET)	QTY	WEIGHT (LBS)	UNIT PRICE	TOTAL

Subtotal: $ _____
Shipping/Freight: $ _____
Tax: $ _____

TOTAL AMOUNT: $ _____

NOTES / DISCREPANCIES:

Receiver Signature: _____
Date: _____