SALES INVOICE

Thrift Store Vendor Inventory

Invoice #

Date

Vendor Information

Vendor Name:
Vendor ID/Booth #:
Phone/Email:

Store Details

Store Name:
Address:
Payout Period:

SKU / Tag ID	Item Description	Qty	Unit Price	Total

SKU / Tag ID	Item Description	Qty	Unit Price	Total

Gross Sales: $

Commission (%) : ($)

Booth Rent / Fees: ($)

Net Payout: $

Vendor Signature

Manager Signature