BAKERY NAME

123 Bakery Lane, Flour City
Phone: (555) 012-3456
Email: sales@bakery.com

INVOICE

Date: _____
Invoice #: _____
Route #: _____

BILL TO:

Customer Name
Store Address
City, State, Zip
Tax ID: _____

DELIVERY INFO:

Delivery Date: _____
P.O. Number: _____
Driver Name: _____

ITEM SKU	PRODUCT DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
	Sourdough Loaf (Large)			
	Whole Wheat Sliced			
	Ciabatta Rolls (Doz)			
	Baguette (Traditional)			
	Rye Bread w/ Seeds			
	Brioche Buns (4pk)			

ITEM SKU	PRODUCT DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
	Returns / Stales (Credit)			

Subtotal: $_____
Tax: $_____
Credits: ($_____)

Total Due: $_____

_____
Received By (Signature)

_____
Driver Signature

Terms: Net 15. Please make checks payable to Bakery Name.