



The Lights of Christmas

**MERCHANT INVOICE**

**Payment To:**

Name/Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, ST ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**Office Use Only:**

Vendor No: \_\_\_\_\_

Location: \_\_\_\_\_

Invoice No: \_\_\_\_\_

Budget Code: 9420-630-620

Session ID: \_\_\_\_\_

Check-in							Check-out		Sale
Item #	Description	Retail Price	Store Rate	Cost Each (Retail x Rate)	Qty. Rec.	Total (Check-in Qty x Cost Each)	Qty. Out	Credit (Check-out Qty x Cost Each)	Qty. Sold

I verify that I have invoiced The Camp Store for all merchandise delivered. I understand The Camp Store reserves a 100% Return Guarantee of all unsold product. Complete payment (including return adjustments) will be made within 15 days of product pick-up.

**I have read and agree to the above conditions.**

Subtotal	
Less Returns	
<b>Total Due</b>	

Check-in	(Signature)	(Date)	(Approval)

Check-out	(Date/Time)	(Initials)	(Approval)