

Vendor Invoice

Form ID: _____ - _____ - _____
 Date Vendor Name or Vendor ID Clerk Name or ID Page

Item ID	Item Name	Price	In	Tally	Earned
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
Total Earned:					

Vendor Signature:

Clerk Signature:

Will the vendor return to pickup items? (Circle One) **YES / NO**

Vendor End of Day Sales Receipt

Note: The earned total **DOES NOT** include the 20% Booth Fee

Vendor Name or ID: _____ Earned Total: _____
 Date: _____