

# Retail Transaction Review Form

## Transaction Details

Transaction ID

Date

Reviewer

Store Location

Cashier Name/ID

## Purchased Items

Item Name/Code	Quantity	Unit Price	Total Price
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Payment Information

Payment Method

Select

Amount Paid

## Issues Found

Describe any issues found...

## Reviewer Comments

Add additional comments...

