

Restaurant Name

1234 Sample St, City, State ZIP
Phone: (555) 123-4567

Date: _____

Receipt #: _____

Table: _____

Server: _____

| Qty | Description | Unit Price | Amount |
|-------------|-------------|------------|--------|
| --- | _____ | _____ | _____ |
| --- | _____ | _____ | _____ |
| --- | _____ | _____ | _____ |
| Subtotal | | | _____ |
| Tax | | | _____ |
| Total | | | _____ |
| Amount Paid | | | _____ |
| Change | | | _____ |

Thank you for dining with us!

Signature