

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