

Company Name

Address Line 1

Address Line 2

Phone: _____

Email: _____

SALES RECEIPT

Invoice #: _____

Date: ____ / ____ / ____

Billed To: _____

Address: _____

Phone: _____

Email: _____

Description	Quantity	Unit Price	Amount

Subtotal

Tax

Total

Payment Method: _____

Paid: Yes No

Authorized By: _____

Date: ____ / ____ / ____

Thank you for your business!