

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!