

Sales Receipt (Stub)

Store Name
Address Line 1, Address Line 2
Phone: (000) 000-0000

Receipt #: _____

Date: _____

Cashier: _____

Payment: _____

Item	Qty	Unit Price	Total
_____	—	_____	_____
_____	—	_____	_____
_____	—	_____	_____

Subtotal _____

Tax _____

Total _____

Amount Paid _____

Change _____

Thank you for your purchase!