

Sales Receipt (Stub)

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

Receipt #: _____
Cashier: _____

Date: _____
Payment: _____

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

Subtotal	_____
Tax	_____
Total	_____
Amount Paid	_____
Change	_____

Thank you for your purchase!