

POS CASH RECEIPT

Store Name: _____

Address: _____

Phone: _____

Receipt No: _____

Date: ____ / ____ / ____

Time: ____ : ____

Cashier: _____

Customer: _____

| No | Description | Qty | Unit Price | Amount |
|----|-------------|-----|------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Subtotal

Tax

Discount

TOTAL

Paid

Change

Signature