

Generic Bill Receipt

Receipt No: _____

Date: _____

Billed To: _____

Contact: _____

Address: _____

#	Description	Qty	Unit Price	Amount
1	_____	____	_____	_____
2	_____	____	_____	_____
3	_____	____	_____	_____

Subtotal: _____

Tax: _____

Total: _____

Amount Paid: _____

Balance Due: _____

Payment Method: _____

Authorized By: _____

Thank you for your business.

(Signature)