

STORE NAME

Address Line 1, Address Line 2, City, State, ZIP
Phone: _____

Handwritten Bill Receipt

Date: ____ / ____ / ____
Receipt No: _____

Customer Name: _____ Phone: _____

Address: _____

S.No	Description of Goods	Qty	Unit Price	Amount
1				
2				
3				
4				

Subtotal: _____

Tax (%): _____

Total Amount: _____

Amount Paid: _____

Balance Due: _____

Amount in words:

Customer Signature

Authorized Signature/Stamp

Thank you for your business!