

Simple Bill Receipt

Store Name
Address Line 1, City, Country
Phone: (123) 456-7890

Receipt No.:

Date:

____/____/____

Customer Name:

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

Subtotal:

Tax:

Grand Total:

Authorized Signature

Thank you for your purchase!