

# Sales Receipt

**Store Name**

Address Line 1

Address Line 2

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Cashier: \_\_\_\_\_

## Itemized List

| Description | Qty | Unit Price | Amount |
|-------------|-----|------------|--------|
|             |     |            |        |
|             |     |            |        |
|             |     |            |        |
|             |     |            |        |

Subtotal: \_\_\_\_\_

Tax: \_\_\_\_\_

**Total:** \_\_\_\_\_

Payment Method: \_\_\_\_\_

Thank you for shopping with us!

No returns without receipt.

Exchange/Return Policy: \_\_\_\_\_