

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