

Blank CafÃ© Restaurant

Receipt

Date: _____ Time: _____
Receipt No: _____ Table No: _____
Customer Name: _____

Item	Qty	Unit Price	Total
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal _____
Tax _____
Total _____

Customer Signature

Cashier Signature

Thank you for dining with us!
_____ Blank CafÃ© | Phone: _____