

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: _____