

# Restaurant Name

Address Line 1, Address Line 2  
Phone: \_\_\_\_\_

Date: \_\_\_\_\_  
Table No: \_\_\_\_\_  
Server: \_\_\_\_\_

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

Item	Qty	Price	Amount
_____			
_____			
_____			
			Subtotal
			Tax
			Total

Notes:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Customer Signature