

# Merchandise Sales Receipt

Receipt No.

Date

Cashier

Customer Name

Contact

Address

No.	Description	Quantity	Unit Price	Amount
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Subtotal

Tax

Total

Payment Method

Amount Received

Change Due

Remarks

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Customer Signature

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Cashier Signature

*Thank you for shopping with us!*