

# Retail Store Name

Address Line 1, City, State ZIP

Phone: \_\_\_\_\_

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

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Customer Name: \_\_\_\_\_

Contact: \_\_\_\_\_

#	Description	Qty	Unit Price	Total

Subtotal:

\_\_\_\_\_

Tax:

\_\_\_\_\_

**Total:**

\_\_\_\_\_

Paid By:

\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature