

SALES RECEIPT
Retail Transaction

Store Name: _____

Receipt #: _____

Date: _____ / _____ / _____

Cashier: _____

Customer Name: _____

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

Subtotal

Tax

Total

Amount Paid

Change

Thank you for your purchase!
No returns after 30 days. Please keep this receipt for your records.