

# 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.