

YOUR RESTAURANT NAME

Food Receipt

Date: ____/____/____

Table: _____

Receipt #: _____

Server: _____

Item	Qty	Unit Price	Total
_____	___	_____	_____
_____	___	_____	_____
_____	___	_____	_____

Subtotal

Tax

Service Charge

Total

Payment Method

Thank you for dining with us!
Please visit again.