

RETAIL RECEIPT

Store/Company Name

Address Line 1

Address Line 2

Phone: _____ | Email: _____

Receipt #: _____

Date: _____

Customer Name: _____

Payment Method: _____

Item Description	Qty	Unit Price	Amount
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____

Subtotal: _____

Tax: _____

Total: _____

Amount Paid: _____

Balance Due: _____

Authorized Signature

Thank you for your purchase!
All sales subject to store policy.