

# Gift Purchase Receipt

Minimal Retailer Sheet

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

Receipt No: \_\_\_\_\_

Purchaser: \_\_\_\_\_

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

Recipient: \_\_\_\_\_

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

Delivery Address: \_\_\_\_\_

Item Description	Qty	Unit Price	Total
_____	—	—	—
_____	—	—	—
_____	—	—	—
<b>Subtotal</b>			_____
<b>Tax</b>			_____
<b>Total</b>			_____

Notes: \_\_\_\_\_

Customer Signature

Cashier/Staff Signature

Date