

Gift Purchase Receipt

Minimal Retailer Sheet

Date: _____

Receipt No: _____

Purchaser: _____

Contact: _____

Recipient: _____

Phone: _____

Delivery Address: _____

Item Description	Qty	Unit Price	Total
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			Subtotal _____
			Tax _____
			Total _____

Notes: _____

Customer Signature

Cashier/Staff Signature

Date