

# Gift Receipt

Retail Business Name  
Address Line 1, City, State ZIP  
Phone: (000) 000-0000

Receipt #: \_\_\_\_\_

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

Sold By: \_\_\_\_\_

Location: \_\_\_\_\_

Item Description	Qty	Unit Price	Total

Subtotal	_____
Tax	_____
<b>Total</b>	_____

*Gift receipt â€œ prices omitted for privacy*  
No returns or exchanges without this receipt.  
Thank you for shopping with us!

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Staff Signature