

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 _____

Total _____

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

Customer Signature _____

Staff Signature _____