

Store Gift Receipt

Store Name: _____ **Receipt #:** _____

Store Address: _____ **Date:** _____

Cashier: _____ **Time:** _____

Item Description	Qty	Price

Total: _____ **Payment Method:** _____

Gift receipts exclude price information. For exchanges or returns, please bring this receipt and the item(s) in original condition.

Thank you for your purchase!

Manager/Cashier: