

Retail Payment Receipt

Date

MM/DD/YYYY

Receipt No.

e.g. 123456

Cashier

Cashier Name

Customer Name

Full Name

Phone

Phone Number

Email

Email Address

Customer Address

Street, City, ZIP

| # | Product/Service | Qty | Unit Price | Total |
|---|-----------------|-----|------------|-------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

Subtotal

Tax

Total

Payment Method

Amount Paid

Change Due

Customer Signature

Authorized Signature