

Purchase Confirmation Receipt

Retail Store Name
Date: _____ | Receipt #: _____

Customer Information

Name: _____
Email: _____
Phone: _____

Store Information

Address: _____
Phone: _____
Cashier: _____

Item Description	Qty	Unit Price	Total
Sample Item 1	1	_____	_____
Sample Item 2	2	_____	_____

Subtotal: _____

Tax: _____

Total: _____

Payment Method: _____

Thank you for your purchase!
Please retain this receipt for your records.
Returns are accepted within 30 days with this receipt.