

# Product Sales Receipt

Shop Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_

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

Receipt No: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Phone: \_\_\_\_\_

No	Product Description	Quantity	Unit Price	Amount
<b>Total</b>				
Paid				
Balance				

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Customer Signature

Issued By