

Retail Purchase Receipt Form

Receipt No.

Date

Cashier

Customer Name

Contact Number

No	Product Name	Product Code / SKU	Qty	Unit Price	Total
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
Subtotal					<input type="text"/>
Tax (%)					<input type="text"/>
Total Amount					<input type="text"/>

Payment Method



Transaction Reference

Customer Signature

Cashier Signature
