Blank CafÃ©

Receipt
Date: _____ Time: _____

Receipt No: _____
Cashier: _____
Table: _____
Customer: _____

Item	Qty	Unit Price	Total
_____	___	_____	_____
_____	___	_____	_____
_____	___	_____	_____
_____	___	_____	_____

Subtotal _____

Tax _____

Total _____

Payment Method: _____
Amount Tendered: _____
Change: _____

_____

Signature