Restaurant Name

Receipt / Order No: _____

Date: _____ Time: _____

Table No: _____ Server: _____ Guests: _____

Customer Name: _____

#	Item	Qty	Unit Price	Total
			Subtotal	_____
			Tax	_____
			Total	_____
			Paid	_____

Thank you for dining with us!
Please keep this receipt for your records.
Contact: _____

Signature _____