

# SALES RECEIPT

SOLD TO: Contact Name  
Company Name  
Street Address  
City, ST ZIP Code  
Phone  
Customer ID: No.

PAYMENT METHOD

CHECK NO.

JOB



Logo  
Name

Your Company Name  
Your Company Slogan

Street Address, City, ST  
ZIP Code  
Phone: Phone  
Fax: Fax  
Email

RECEIPT # NO.  
Date: Date

**THANK YOU  
FOR YOUR  
BUSINESS!**

QTY

ITEM #

DESCRIPTION

UNIT PRICE

DISCOUNT

LINE  
TOTAL

TOTAL DISCOUNT

SUBTOTAL

SALES TAX

TOTAL

