

SALES RECEIPT

Receipt Number: _____

Date: _____

Seller's Name: _____

Seller's Phone Number (*optional*): _____

Seller's Street Address (*optional*): _____

City/State/ZIP: _____

Sold to:

Name: _____

Company Name (*optional*): _____

Street Address (*optional*): _____

City/State/ZIP: _____

Phone Number (*optional*): _____

Description	Quantity	Price/Unit	Line Total

Pickup Signature: _____

Subtotal: \$ _____

Discount: \$ _____

Pickup Name Printed: _____

Sales Tax: \$ _____

Total: \$ _____

Picked up Date/Time: _____ / _____

Amount Paid: \$ _____

Payment Method: _____