**RECEIPT #**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: |  | |  | |  |
|  |  | |  | |  |
| Bill From: |  | |  | |  |
| [Company Name] |  | |  | |  |
| [Address] |  | |  | |  |
| [City, State, Zip Code] |  | |  | |  |
| [Phone] |  | |  | |  |
|  | |  | |  |  |
| Bill To: |
| [Name] |
| [Address] |
| [City, State, Zip Code] |
| [Phone] |

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Rate** | **Quantity** | **Total** |
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|  |  |  |  |
|  |  | **Subtotal** |  |
|  |  | **Tax** |  |
|  |  | **Other** |  |
|  |  | **Total Amount** |  |

|  |
| --- |
| Payment Method |
| [ ] Cash  [ ] Credit Card  [ ] Check Number: |