

RECEIPT

Date:

Receipt #

| DESCRIPTION | QUANTITY | PRICE | TOTAL |
|-------------|----------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Subtotal

Tax

Total

PAID BY

Thank You!

