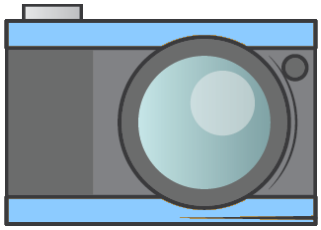

RECEIPT

From:

Date:

Description	Rate	Quantity	Total
		Subtotal	
		Shipping	
		Tax	
		Other	
		Total Amount	

Payment Method
[ ] Cash
[ ] Credit Card
[ ] Check Number