Your Business Name

Street address

City, State ZIP

Email · Phone

SALES RECEIPT

Receipt #: _____

Date: _____

SOLD TO

Name _____

Address _____

Email / Phone _____

Description	Qty	Price	Amount

Subtotal	
Tax (8.25%)	
Total	
Amount paid	
Balance due	

Notes: Returns accepted within 30 days with this receipt.

Payment method: [cash / card]

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