**ITEMIZED RECEIPT**

|  |  |  |
| --- | --- | --- |
| **[BUSINESS NAME]** |  | **BILL TO** |
| [Phone Number] | [Contact Person] |
| [Fax Number] | [Company Name] |
| [Email Address] | [Street Address] |
| [Company Address] | [City], [State], [Zip Code] |
| [Website Address] | [Phone Number] |

|  |  |  |  |
| --- | --- | --- | --- |
| **Receipt Date** | **Customer ID** | **Invoice No.** | **Due Date.** |
| [Date] | [Number] | [Number] | [Date] |

|  |  |  |  |
| --- | --- | --- | --- |
| **Quantity** | **Description** | **Unit Price** | **Line Total** |
| [Quantity] | [Description] | [Amount] | [Amount] |
| [Quantity] | [Description] | [Amount] | [Amount] |
| [Quantity] | [Description] | [Amount] | [Amount] |
| [Quantity] | [Description] | [Amount] | [Amount] |
| [Quantity] | [Description] | [Amount] | [Amount] |
| [Quantity] | [Description] | [Amount] | [Amount] |
| **Make all checks payable to BUSINESS NAME.** | Subtotal | [Amount] |
| Sales Tax | [Amount] |
| **TOTAL** | [Amount] |
| **Thank you for your business!** |