**SALES RECEIPT**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
RECEIPT NO: \_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **BILL TO** |  |
| Name |  |
| Company Name |  |
| Stress Address |  |
| City, ST ZIP |  |

|  |  |  |
| --- | --- | --- |
| **DESCRIPTION** | **TAXED** | **AMOUNT** |
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| OTHER COMMENTS |
| 1. Total payment due in 30 days2. Please include the invoice number on your check |

 | Subtotal |  $ 950.00  |
| Taxable |  $ 345.00  |
| **TOTAL Due** |  **$ 971.56**  |