**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 days  2. Please include the invoice number on your check | | Subtotal | $ 950.00 |
| Taxable | $ 345.00 |
| **TOTAL Due** | **$ 971.56** |