Date: 9/30/18

Receipt # [100]

[Your Company Name]

[Street Address]

[City, ST ZIP Code]

[Phone]

Fax [000-000-0000]

[E-mail address]

# Sales Receipt

Sold To:

[Name]

[Company Name]

[Street Address]

[City, ST ZIP Code]

[Phone]

Customer ID [ABC12345]

Payment Method

Check No.

Job

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Quantity | Item # | Description | Unit Price | Discount | Line Total |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Total Discount

Subtotal

Sales Tax

Total

[Your company slogan]

Thank you for your business!