

Your Sales Company Name

Street Address
City, ST ZIP Code
Phone Number, Web Address, etc.

PAYMENT RECEIPT

DATE:
INVOICE #:

Bill To:

Ship To:

P.O. #	Sales Rep. Name	Ship Date	Ship Via	Terms	Due Date

Product ID	Description	Quantity	Unit Price	Line Total
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		1	2.00	

NOTES:

SUBTOTAL	-
PST 8.00%	-
GST 6.00%	-
SHIPPING & HANDLING	-
TOTAL	-
PAID	-
TOTAL DUE	-

PAYMENT DETAIL

DATE	TOTAL	TYPE	NOTES	CHECK/MONEY ORDER#
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THANK YOU FOR YOUR BUSINESS!

