|  |  |  |  |
| --- | --- | --- | --- |
| Sales Person: |  | Date: |  |
| Customer: |  | Receipt No: |  |
| Address: |  | City: |  |
| State |  | ZIP Code: |  |

SALES RECEIPT

Cash

Payment Method:

Card

|  |  |  |  |
| --- | --- | --- | --- |
| Qty | Item Description | Unit Price | Total |
|  |  |  |  |
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|  |  | GRAND TOTAL |  |

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