



SALES RECEIPT

Date: _____ [MM/DD/YYYY]

Receipt Number: _____

[Seller's Logo]

_____ [Seller's Name]
 _____ [Seller's Address]
 _____ [Seller's Phone Number / Email]

Customer Details	Shipping Information
_____ [Customer Name]	_____ [Name]
_____ [Customer Address]	_____ [Shipping Address]
_____ [Contact Details]	_____ [Contact Details]

Item Number	Description	Unit Price	Quantity	Total
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
				Subtotal \$ _____
				Discount [Code] (\$ _____)
				Tax Rate % _____
				Tax Due \$ _____
				TOTAL DUE \$ _____

Payment Method	Payment Details	Job/Reference Number
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> PayPal		

Additional Notes
<p>Thank you for your purchase with _____ [seller name]! If you encounter any problems with your product/service, please do not hesitate to reach out and our customer service team will be there to assist you.</p> <p>_____ [Name of Sales Representative] _____ [Relevant Contact Details]</p>