

ITEMIZED SALES RECEIPT

Receipt Number: _____

Date: _____

Merchant Name: _____

Merchant Phone Number: _____

Merchant Street Address: _____

City/State/ZIP: _____

Sold to:

Name: _____

Company Name: _____

Street Address: _____

City/State/ZIP: _____

Phone Number: _____

| Description | Quantity | Price/Unit | Line Total |
|-------------|----------|------------|------------|
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Subtotal: \$ _____

Discount: \$ _____

Sales Tax: \$ _____

Total: \$ _____

Amount Paid: \$ _____

Payment Method: _____

Card/Check Number _____

