

SMALL BUSINESS RECEIPT

Company Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

Date: _____

Receipt #: _____

QTY	Description	Unit Price	Total

Subtotal: _____

Tax Rate: _____

Tax: _____

Total Amount Due: _____

Amount Paid: _____

Customer/Client Information

Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Payment Method:

Credit Card (No. _____)

Cash

Check (No. _____)

Other: _____

Authorized Signature _____

Title: _____

