LOGO

BUSINESS RECEIPT

Business Name Here

Business street address, city state, zip
123-456-7890, 111-222-3333
email@OfficeTemplatesOnline.com

Date: _____

Receipt #: _____

Client Information

Name:	
Address:	
Phone:	
Email:	

Payment Information

☐	Credit Card
☐	Check (No. _____)
☐	Cash
☐	Other: _____

Item's Detail

Qty	Description	Unit Price	Total
		Sub Total:	
		Tax:	
		Total Due:	
		Amount Paid:	

OFFICE TEMPLATES ONLINE

Authorized Title and Signature

Title: _____ Signature: _____