



Your Company Name

Street Address
City, ST ZIP Code
Phone Number, Web Address, etc.

RECEIPT

DATE:
INVOICE #:

Bill To:

Ship To:

| P.O. # | Sales Rep. Name | Ship Date | Ship Via | Terms | Due Date |
|--------|-----------------|-----------|----------|-------|----------|
| | | | | | |

| Product ID | Description | Quantity | Unit Price | Line Total |
|------------|-------------|----------|------------|------------|
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|--|--|---------------------|----------|---|
| | | | SUBTOTAL | - |
| | | PST | 8.00% | - |
| | | GST | 6.00% | - |
| | | SHIPPING & HANDLING | | - |
| | | TOTAL | | - |
| | | PAID | | - |
| | | TOTAL DUE | | - |

NOTES:

PAYMENT DETAIL

| DATE | TOTAL | TYPE | NOTES | CHECK/MONEY ORDER# |
|------|-------|------|-------|--------------------|
|------|-------|------|-------|--------------------|

THANK YOU FOR YOUR BUSINESS!