

ITEMIZED 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

Subtotal: \$ _____

Discount: \$ _____

Sales Tax: \$ _____

Total: \$ _____

Amount Paid: \$ _____

Payment Method: _____

Card/Check Number _____