|  |
| --- |
| **RECEIPT** |
|  |
| Receipt Number: |  | Date of Purchase: |  |
|  |  |  |  |
| **Sold From (Seller):**  |  | **Sold To (Buyer):**  |
| [Your Name/Company Name]  |  | [Client's Name/Company Name] |
| [Address Line 1] |  | [Address Line 1] |
| [Address Line 2] |  | [Address Line 2] |
| [City], [State], [Zip Code] |  | [City], [State], [Zip Code] |
| [Phone] |  | [Phone] |
|  |
| **Item Description** | **Quantity** | **Price Per Item** | **Total Price** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Subtotal: |  |
|  | Tax Rate: |  | Tax:  |  |
|  | Payment Method: |  | **Total Price:** |  |
|  | Thank you for your business! |  |