

	DATE				
	RECEIPT NO.				
BILL TO:		CIUD T	2.		
BILL TO:		SHIP TO:			
CONTACT NAME		NAME/DEPT			
CLIENT COMPANY NAME			CLIENT COMPANY NAME		
ADDRESS	_	ADDRESS			
PHONE		PHONE			
EMAIL					
DESCRIPTION		QTY	UNIT PRICE	TOTAL	
REMARKS/NOTES			SUBTOTAL		
			DISCOUNT		
		SUBTOT	AL LESS DISCOUNT		
			TAX RATE		
			TOTAL TAX		
		SH	IIPPING/HANDLING		
			-		
			RALANCE PAID		