

**SALES RECEIPT**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PAID: CASH: \_\_\_\_\_ CHECK# \_\_\_\_\_ CC# \_\_\_\_\_

ITEM DESCRIPTION	PRICE	AMOUNT

TOTAL: \$ \_\_\_\_\_