

Date 11/11/16

Acct. Name: _____

Acct. Number: _____

Reg. No. _____ Clerk _____ Account Forwarded _____

1	Child 300 SSB	11.00	
2		11.00	
3		22.00	
4			
5			
6			
7			
8			
9			
10			
11			
12			
Total		24.00	

Your account stated to date - If error is found return at once.

GREGIAN CORNER RESTAURANT
100 4TH AVE N STE 100
SEATTLE WA 98109

Merchant ID: 820020857
Term ID: 1234

Sale

AMEX
XXXXXXXXXXXX1001

Entry Method: Swiped

Approval: Online

11/07/16

Batch#: 000004

13:06:42

Inv#: 00000003

Appt Code: 522048

Amount:

\$ 22.00

Tip:

2-

Total:

24-

Customer Copy

THANK YOU!