



## STORE NAME

Address Line 1

Address Line 2

Phone Number

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Date: YYYY-MM-DD Time: HH:MM

Receipt No: 12345678

Cashier: [Cashier Name]

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Qty	Description	Price
1	Item Name 1	10.00
2	Item Name 2	20.00

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Subtotal: 30.00

Tax: 3.00

**Total: 33.00**

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Payment Method: Cash/Card

Change: 10.00

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**Thank you for your purchase!**

Please visit us again!