RECEIPT

# DATE

**RECEIPT NO.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **BILL TO** |  | **SHIP TO** |
| <Your Company Name><123 Street Address><City, State, Zip/Post Code><Phone Number><Email Address> | <Contact Name><Client Company Name><Address><Phone><Email> |  | <Name / Dept><Client Company Name><Address><Phone> |
| <Website> |  |  |  |

|  |  |  |
| --- | --- | --- |
| **DESCRIPTION QTY** | **UNIT PRICE** | **TOTAL** |
|  |  |  | 0.00 |
|  |  |  | 0.00 |
|  |  |  | 0.00 |
|  |  |  | 0.00 |
|  |  |  | 0.00 |
|  |  |  | 0.00 |
|  |  |  | 0.00 |
|  |  |  | 0.00 |
|  |  |  | 0.00 |

Remarks, notes, payment made in cash/card/cheque

**SUBTOTAL** 0.00

**DISCOUNT** 0.00

**SUBTOTAL LESS DISCOUNT** 0.00

**TAX RATE** 0.00%

**TOTAL TAX** 0.00

**SHIPPING/HANDLING** 0.00

Company Signature Client Signature