

RECEIPT

Receipt Number: _____ Date: _____

FROM (SELLER)

Business Name: _____

Address: _____

Phone: _____ Email: _____ Tax ID: _____

TO (BUYER)

Name: _____

Address (optional): _____

ITEMS / SERVICES

Description	Qty	Unit Price	Total
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Subtotal: \$ _____

Tax (____%): \$ _____

Discount: \$ _____

TOTAL PAID: \$ _____

PAYMENT

Payment Method: ___ Cash ___ Check # _____ ___ Credit Card ___ Other

Status: ___ PAID IN FULL ___ Partial Payment

Balance Remaining: \$ _____

RETURN POLICY

AUTHORIZED SIGNATURE

Signature: _____ Date: _____

Printed Name: _____

Thank you for your business.

DISCLAIMER: This template is for informational purposes only and does not constitute legal advice. Laws vary by state. Consult a licensed attorney before executing this agreement.