**MEDICAL RECEIPT**

|  |  |  |
| --- | --- | --- |
| **DATE** | **SALESPERSON** | **METHOD OF PAYMENT** |
|  |  | CA | CK | VS | MC | AX | DS |
|  |
| **CUSTOMER** | **COMPANY** |
| NAME | NAME |
| ADDRESS | ADDRESS |
| CITY | CITY |
| STATE | ZIP | STATE | ZIP |
| PHONE | PHONE |
| EMAIL | EMAIL |
|  |
| **ITEMS SOLD** |
| **QUANTITY** | **DESCRIPTION** | **PRICE PER UNIT** | **TOTAL** |
|  |  |  |  |
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|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  | SUB TOTAL |  |
| TAX RATE |  |
| SHIPPING |  |
| TOTAL PAID |  |