**COMPANY NAME ITEMIZED RECEIPT**

DATE: \_\_\_\_\_\_\_\_\_\_ INVOICE NO: \_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |
| --- | --- | --- | --- |
| DESCRIPTION | QTY | UNIT PRICE | TOTAL |
|  |  |  | 0.00 |
|  |  |  | 0.00 |
|  |  |  | 0.00 |
|  |  |  | 0.00 |
|  |  |  | 0.00 |
|  |  |  | 0.00 |
|  | SUBTOTAL | 0.00 |
| DISCOUNT | 0.00 |
| TAX RATE | 0.00% |
| TOTAL TAX | 0.00 |
| HANDLING | 0.00 |
| Balance Due |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Company signature Client signature