**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