**ITEMIZED SALES RECEIPT**

Receipt Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Merchant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Merchant Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Merchant Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sold to:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Quantity** | **Price/Unit** | **Line Total** |
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Subtotal: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sales Tax: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Paid: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Payment Method: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Card/Check Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_