

Itemized Receipt

Date: _____
Receipt #: _____

Bill from:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

Bill to:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

Description of Items:

| Item(s) | Description | Quantity | Unit Price | Total |
|---------|-------------|----------|------------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Subtotal: \$ _____

Taxes: \$ _____

Discount (if applicable): \$ _____

Total Amount Due: \$ _____

Payment made by: _____

Check/Card Number: _____

Thank you for your purchase!

Authorized Signature: _____

Print Name: _____