STORE RECEIPT

PAID

STORE

Store name _____

Address _____

Phone _____

Store / register _____

RECEIPT DETAILS

Transaction no. _____

Date _____

Time _____

Cashier _____

RETURNS

Return policy _____

Item	SKU	Qty	Price	Amount

PAYMENT

Payment method _____

Subtotal	
Sales tax, if applicable	
Total	
Amount tendered	
Change given	

Thank you for shopping with us. Please keep this receipt for returns.