# ITEMIZED RECEIPT

PAID

## BUSINESS

Business name _____

Address _____

Phone / email _____

## RECEIPT DETAILS

Receipt no. _____

Date _____

Time _____

## CUSTOMER

Customer name _____

| Item | Size | Qty | Unit price | Amount |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## PAYMENT

Payment method _____

Gift card no. _____

Card reference _____

| | |
|---|---|
| Subtotal | |
| Sales tax, if applicable | |
| **Total** | |
| Gift card applied | |
| **Amount paid by card** | |
| Balance | |

_____

Received by

*Thank you. Please keep this receipt for returns and exchanges.*