

# Retail Shop Name

Receipt No: \_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_

Customer Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

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

S/N	Description	Qty	Unit Price	Total
1				
2				
3				

Subtotal : \_\_\_\_\_  
Tax : \_\_\_\_\_  
**Grand Total** : \_\_\_\_\_  
Amount Paid : \_\_\_\_\_  
Balance : \_\_\_\_\_

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Customer Signature

Authorized Signature

Thank you for shopping with us!