

# 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 : \_\_\_\_\_

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Authorized Signature

Thank you for shopping with us!