

# Receipt

RECEIPT		NO.
Payee Name:		Payer Name:
Address:		Address:
City, ST ZIP Code:		City, ST ZIP Code:
DATE	DESCRIPTION	AMOUNT
		SUBTOTAL
		TAX
		TOTAL

RECEIPT		NO.
Payee Name:		Payer Name:
Address:		Address:
City, ST ZIP Code:		City, ST ZIP Code:
DATE	DESCRIPTION	AMOUNT
		SUBTOTAL
		TAX
		TOTAL