MEDICAL RECEIPT

DATE		SALESPERSON		METHOD OF PAYMENT					
					СК	VS	МС	АХ	DS
CUSTOMER			COMPANY						
NAME			NAME						
ADDRESS			ADDRESS						
CITY			CITY						
STATE	ZIP		STATE	ZIP					
PHONE		PHONE							
EMAIL			EMAIL						

ITEMS SOLD									
QUANTITY	DESCRIPTION		PRICE PER UNIT	TOTAL					
		SUB TOTAL							
		TAX RATE							
		SHIPPING							
			TOTAL PAID						