Restaurant Receipt Form

DATE	SALESPERSON	METHOD OF PAYMENT					
		СА	СК	VS	МС	AX	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
THANK YOU FOR THE BUSINESS		TAX RATE	
		SHIPPING	
		TOTAL PAID	