|  |  |  |
| --- | --- | --- |
|  |  | **RECEIPT** |
|  |  | **YOUR COMPANY NAME**  ABN/ACN  Address - CITY ZIP Code  Phone - Email-address |

|  |  |  |
| --- | --- | --- |
| **BILLED TO**  Name  ABN/ACN  Street address  City, ST ZIP Code |  | **RECEIPT NUMBER**  100 |
|  |  | **DATE**  MM/DD/YYYY |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Cost per unit** | **QTY** | **Total** |
| Item 1 | $0.00 | **0** | $0.00 |
| Item 2 | $0.00 | **0** | $0.00 |
| Item 3 | $0.00 | **0** | $0.00 |
| Item 4 | $0.00 | **0** | $0.00 |
| Item 5 | $0.00 | **0** | $0.00 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | **SUBTOTAL** | **$0.00** |
|  |  |  | **DISCOUNT** | **$0.00** |
|  |  |  | **TAX (TAX RATE %)** | **$0.00** |
|  |  |  | **TOTAL PAID** | **$0.00** |

|  |  |
| --- | --- |
| **PAYMENT METHOD**  [Payment method] |  |