

Simple Purchase Receipt Form

Date Issued: _____

Receipt No: _____

Vendor Information

Vendor Name: _____

Contact Info: _____

Address: _____

Customer Information

Name: _____

Phone: _____

Address: _____

Itemized Transaction Table

Product	Quantity	Unit Price	Total

Payment Method

- Cash
- Debit/Credit Card
- Online Payment

Vendor Signature: _____

Customer Signature: _____