DIRECT SALES CASH RECEIPT

Representative:

ID/Code:

Phone:

Receipt No:

Date:

Customer Information

Name:

Address:

Phone:
Email:

Qty	Item Description	Unit Price	Total

Payment Method

☐ Cash
☐ Check
☐ Card
☐ Other

Subtotal:

Tax:

Shipping/Handling:

Total Amount Paid:

Customer Signature

Representative Signature