

CAFE & RESTAURANT RECEIPT

Date: _____

**BILL OF
SALE**

Receipt No.: _____ Receipt No.: _____

Server: _____



Order Type: ☐ Dine-in ☐ Takeaway ☐ Delivery

Table No.: _____

Guest Count: _____

Items Total: _____

\$ _____

Tax: \$ _____

Grand Total: \$ _____

Paid By: _____

Cashier: _____

Signature: _____