

# Sales Receipt

Date of Purchase\*: \_\_\_\_\_

**Vendor/Farmer:**

Name\*: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

**Sold To:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

ITEM DESCRIPTION	QUANTITY*	PRICE PER UNIT*	LINE TOTAL*
SUBTOTAL			
SALES TAX			
<b>TOTAL*</b>			

\*Required for CACFP Reimbursement