

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*	ITEM TOTAL *
SUBTOTAL			
SALES TAX			
TOTAL *			

*Required for CACFP Reimbursement