

Name: _____

Allowance: _____

***** Your TOTAL AMOUNT cannot exceed your allowance. You MUST SPEND all of your allowance - within \$1.00.**

	Item Description	Original Price per 1 item	Discount %	Discounted Price	Number of Items Bought	Final Price	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
						SUBTOTAL	
						TAX 9%	
						TOTAL AMOUNT	