

Service Receipt Form

Date: _____

Receipt No.: _____

Freelancer/Contractor Information

Name: _____

Email: _____

Phone: _____

Client Information

Name/Company: _____

Email: _____

Phone: _____

Service Details

Description of Service	Hours/Qty	Rate	Amount
_____	_____	_____	_____

Total Amount: \$ _____

Payment Method: _____

Date of Payment Received: _____

Freelancer's Signature

Client's Signature