

Service Receipt

Date: _____

Receipt #: _____

Service Provider:

Company Name: _____

Address: _____

Phone: _____ Email: _____

Client:

Name: _____

Address: _____

Phone: _____ Email: _____

Service Details

Description of Work	Date Performed	Hours/Qty	Rate	Amount
_____	_____	_____	\$_____	\$_____
_____	_____	_____	\$_____	\$_____
Subtotal				\$_____
Tax				\$_____
Total				\$_____

Payment Method: Cash / Check / Credit Card / Other _____

Payment Received By: _____

Notes/Terms: Payment is due upon receipt unless otherwise noted. Please contact us if you have any questions regarding this receipt.

Provider Signature

Client Signature

Thank you for your business!