

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!