

Service Receipt

Date: _____

Receipt No.: _____

Service Provider: _____

Address: _____

Phone: _____

Customer Name: _____

Contact No.: _____

Address: _____

Description of Service	Date Provided	Qty/Hrs	Unit Price	Total
_____	_____	____	____	____
_____	_____	____	____	____
_____	_____	____	____	____
_____	_____	____	____	____
Subtotal				_____
Tax				_____
Total Amount				_____

Payment Method: Cash Card Other

Paid Amount: _____

Balance Due: _____

Authorized Signature: _____

Customer Signature: _____

Note: Please retain this receipt for your records. Thank you for your business.