

Service Receipt

Business Name: _____

Address: _____

Phone: _____

Email: _____

Receipt #: _____

Date: ____ / ____ / ____

Payment Method: _____

Billed To:

Name: _____

Address: _____

Phone/Email: _____

Description of Service	Quantity	Unit Price	Total
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Subtotal: \$ _____

Tax (%): \$ _____

Total: \$ _____

Notes / Terms:

Authorized Signature: _____ **Date:** ____ / ____ / ____