

Service Receipt Form

Company Name: _____

Company Address: _____

Contact Number: _____

Email: _____

Client Information

Name	_____
Address	_____
Contact Number	_____
Email	_____

Service Details

Date of Service	____ / ____ / ____
Description of Cleaning Tasks	<ul style="list-style-type: none">• _____• _____• _____
Hours Worked	_____
Staff Assigned	_____

Payment Information

Total Amount	\$ _____
Payment Method	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Bank Transfer <input type="checkbox"/> Other
Payment Received By	_____
Receipt Number	_____

Client Signature: _____ Date: _____

Authorized Representative: _____ Date: _____

Thank you for trusting our cleaning services!