

# 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	• _____ • _____ • _____
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!