SERVICE PAYMENT RECEIPT

PAID

SERVICE PROVIDER

Business / provider name _____

Address _____

Phone / email _____

RECEIPT DETAILS

Receipt no. _____

Receipt date _____

CLIENT AND SERVICE

Client name _____ Service period _____

Service address _____

Job reference _____

Date	Service performed	Hours / qty	Rate	Amount

PAYMENT

Payment method _____

Payment reference _____

Date paid _____

Subtotal	
Tax ([Tax rate %])	
Total	
Amount paid	
Balance	

_____

Received by

Payment received in full for the services listed.