RECEIPT FOR SERVICES

PAID

SERVICE PROVIDER

Business name _____

Address _____

Phone / email _____

RECEIPT DETAILS

Receipt no. _____

Date _____

CUSTOMER

Name _____

Service address _____

JOB

Date of service _____ Work done by _____

WORK NOTES

Work notes _____

Work done	Hours / qty	Rate	Amount

PAYMENT

Payment method _____

Check no. / reference _____

Date paid _____

Subtotal	
Sales tax, if applicable	
Total	
Amount paid	

_____

Received by

Thank you. Keep this receipt for your records.