**SERVICE RECEIPT**

|  |  |
| --- | --- |
|  |  |

 Date

 **Customer Service Provider**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

 Name Name

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

 Address Address

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

 City, State, Zip City, State, Zip

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

 License Number

 **Services Rendered**

|  |  |  |  |
| --- | --- | --- | --- |
| Description | Price | Qty | Total |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Subtotal $\_\_\_\_\_\_\_\_\_\_

Tax $\_\_\_\_\_\_\_\_\_\_

Grand Total $\_\_\_\_\_\_\_\_\_\_ Amount Paid $ \_\_\_\_\_\_\_\_\_\_ Balance Due $\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Paid by: | c Cash | c Credit | c Check: |  | c Other: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

 Authorized Signature Date