

# SERVICE RECEIPT

\_\_\_\_\_ Date

## Customer

\_\_\_\_\_ Name

\_\_\_\_\_ Address

\_\_\_\_\_ City, State, Zip

## Service Provider

\_\_\_\_\_ Name

\_\_\_\_\_ Address

\_\_\_\_\_ City, State, Zip

\_\_\_\_\_ License Number

## Services Rendered

Description	Price	Qty	Total

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

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

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

Paid by:  Cash  Credit  Check: \_\_\_\_\_  Other: \_\_\_\_\_

\_\_\_\_\_ Authorized Signature

\_\_\_\_\_ Date