

CAR VALET RECEIPT

Company Name: _____
Street Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

Date: _____

Receipt #: _____

Customer Information

Name: _____ Street Address: _____
City, State, Zip: _____ Phone: _____
Car Make/Model: _____

Services

Date Range: _____

Rate: _____ Dollars (\$ _____)

Subtotal: _____

Tax Rate: _____

Total Tax: _____

Amount Due: _____

Summary of Charge

The aforementioned Client paid the total amount of _____ Dollars
(\$ _____) in the form of (check one) Cash Credit (No. _____)
 Check (No. _____) Other: _____.

Authorized Signature _____

