

ELECTRICIAN RECEIPT

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

Date: _____

Receipt #: _____

Client Information

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

Description of Services

Services Rendered: _____

Project Start Date: _____ Completion Date: _____

Service Charge: _____ Dollars (\$ _____)

Additional Expenses: _____ Dollars (\$ _____)

Description of Additional Expenses (Receipts Attached): _____

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 _____

