

# OIL CHANGE RECEIPT

Date: \_\_\_\_\_  
Receipt # \_\_\_\_\_

Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, ZIP Code \_\_\_\_\_  
Phone Number \_\_\_\_\_

Customer Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, ZIP Code \_\_\_\_\_  
Phone Number \_\_\_\_\_

Merchandise/Service Description	Unit Price	Quantity	Total
Notes:		Subtotal	
		Tax Rate	
		Total Tax	
		<b>TOTAL</b>	
Amount paid: _____ Dollars (\$ _____)			
Payment made by: <input type="checkbox"/> Cash / <input type="checkbox"/> Credit Card / <input type="checkbox"/> Check / <input type="checkbox"/> Other _____			
Check/Card Number: _____			

Name of Service Technician(s): \_\_\_\_\_  
\_\_\_\_\_

Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_

