

# PEST CONTROL SERVICE 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**Rate:** \_\_\_\_\_ Dollars (\$ \_\_\_\_\_)

**Additional Expenses:** \_\_\_\_\_ Dollars (\$ \_\_\_\_\_)

Description of Additional Expenses: \_\_\_\_\_  
\_\_\_\_\_

**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** \_\_\_\_\_

