PLUMBER RECEIPT

Individual/Company Name:	
Street Address:	
City, State, Zip:	
Phone:	<u></u>
Email: Website: Date:	
	
	Receipt #:
	Client Information
Name:	Street Address:
City, State, Zip:	Phone:
Services Rendered:	scription of Services
Project Start Date:	Completion Date:
Additional Expenses:	Dollars (\$) Dollars (\$)
Description of Additional Expense	S:
	Subtotal: Tax Rate: Total Tax: Amount Due:
	Summary of Charge
	-
	e total amount of Dollars
	(check one) □ Cash □ Credit (No)
	☐ Other:
Authorized Signature	

