Cleaning Service Receipt

	Receipt Number:
	Date:
Company Name: Address: City, State, Zip Code: Phone Number: Email Address:	
Bill to	
Name:Address:Phone Number:Email:	

Services Provided:

Description	Quantity	Rate	Total

Payment Details:							
-							
Subtotal: \$ Tayes: \$ Tayes: \$ Tayes: \$ Tayes: \$							
Taxes: \$Balance Due: \$							
 Payment Method: \$ 							
Terms and Conditions							
This receipt is proof of payment for the services mentioned above.							
Signature:							
Date:							