## Service Receipt

Date:	
Receipt #:	 

## **Client Information:**

Name:	_
Address:	
City:	
State:	
Zip Code:	
Email:	_
Phone:	_

## Service Provider Information:

Name:	
Address:	
City:	
State:	
Zip Code:	
Email:	
Phone:	
	•

## Services Provided:

Quantity/Hours	Cost	Total

Subtotal: \$ Tax: \$	
Total Amount Due: \$	
ayment Information: ayment Method: ayment Status: Paid Unpaid	
ansaction ID (if applicable):ayment Date:	
cknowledgement: the undersigned, hereby acknowledge receipt of the services provided by . I confirm that the services received were as	
quested and satisfactory.	
uthorized Signature:	
ame:	
tle (if applicable):	
ate:	