

RECEIPT

Receipt No.

Date

CUSTOMER INFORMATION

Name

Address

Phone

Email

APPLIANCE INFORMATION

Appliance Type

Brand / Model

Serial Number

Technician

SERVICES RENDERED & PARTS REPLACED

DESCRIPTION OF SERVICE / PART	QTY	UNIT PRICE	TOTAL

PAYMENT METHOD

Cash Check Card Other

Transaction ID

Subtotal _____

Labor Total _____

Tax

Total Amount

Amount Paid _____

TECHNICIAN SIGNATURE

CUSTOMER SIGNATURE
