

# RECEIPT

Hourly Service Sale

Receipt No: \_\_\_\_\_

Date: \_\_\_\_\_

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## SERVICE PROVIDER

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## CLIENT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

SERVICE DESCRIPTION	HOURLY RATE	HOURS WORKED	TOTAL AMOUNT

### Payment Method:

Cash

Check

Credit Card

Bank Transfer

Transaction ID: \_\_\_\_\_

Subtotal: \_\_\_\_\_

Tax Rate / Tax: \_\_\_\_\_

Total Paid: \_\_\_\_\_

*Thank you for your business!*

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AUTHORIZED SIGNATURE