

RECEIPT

Receipt No:

Date:

CUSTOMER INFORMATION

Client Name:

Phone:

Email:

SERVICE LOCATION (MOVE-OUT)

Address:

City/ST/Zip:

Move-Out Date:

DESCRIPTION OF MOVE-OUT CLEANING SERVICES	QTY/HOURS	RATE	TOTAL AMOUNT
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Subtotal:

Tax:

Total Paid:

Payment Method:

Customer Signature

Service Provider Authorized Signature