
RECEIPT

Receipt No. _____
Date _____
Job No. _____

CUSTOMER INFORMATION

JOB LOCATION / DETAILS

DESCRIPTION OF MATERIALS / LABOR	QTY	UNIT PRICE	AMOUNT

PAYMENT METHOD

Cash
 Check (No. _____)

Credit Card
 Bank Transfer

Subtotal _____
Tax Rate _____
Total Tax _____
Total Paid _____

TECHNICIAN SIGNATURE

CUSTOMER SIGNATURE