

PREVENTIVE MAINTENANCE SERVICE RECEIPT

RECEIPT NO: _____

DATE: _____

SERVICE ORDER NO: _____

CUSTOMER INFORMATION

Customer Name:

Address:

Phone:

Email:

EQUIPMENT / ASSET DETAILS

Equipment
Name:

Model / Brand:

Serial Number:

Location/Dept:

SERVICE DETAILS & PARTS APPLIED

QTY	DESCRIPTION OF SERVICE / PARTS INSTALLED	UNIT PRICE	TOTAL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Payment Method

- Cash
- Check
- Credit Card
- Bank Transfer

**Reference
No:**

Labor Charge: _____

Parts Total: _____

Subtotal: _____

Tax / VAT: _____

Grand Total: _____

Amount Paid: _____

TECHNICIAN SIGNATURE

CUSTOMER SIGNATURE