

RECEIPT

CONTRACTOR SERVICES

Receipt No. _____

Date _____

Project No. _____

CONTRACTOR INFORMATION

Company: _____

Contractor: _____

License No: _____

Address: _____

Phone: _____

CLIENT INFORMATION

Client Name: _____

Project Loc: _____

Address: _____

Phone: _____

Email: _____

DESCRIPTION OF SERVICES / MATERIALS	HOURS / QTY	RATE / PRICE	TOTAL

PAYMENT METHOD

Cash

Check

Credit Card

Bank Transfer

Ref / Check No. _____

Subtotal

Tax / VAT

Other Charges

Total Paid

AUTHORIZED REPRESENTATIVE SIGNATURE

CLIENT / PAYER SIGNATURE