

RECEIPT

Receipt No: _____

Date: _____

Project ID: _____

Customer Information

Name: _____

Address: _____

Phone: _____

Email: _____

Project / Job Site

Location: _____

Job Type: _____

Supervisor: _____

Date Completed: _____

Description of Service / Materials	Qty / Hrs	Rate / Price	Total Amount

Method of Payment

- Cash
- Check
- Credit Card
- Bank Transfer

Ref / Check No:

Subtotal

Tax / VAT

Total Amount Paid

Balance Remaining

Contractor Signature

Customer Signature