

PAYMENT RECEIPT

Subcontractor Services

Receipt No: _____

Date: _____

SUBCONTRACTOR (PAYEE)

GENERAL CONTRACTOR (PAYER)

Project Name:

Contract/PO No:

Job Location:

DESCRIPTION OF WORK / SERVICES RENDERED	HOURS / QTY	RATE	LINE TOTAL

Subtotal: _____

Tax / Withholding: _____

Total Paid: _____

Remaining Balance: _____

Payment Method

Cash

Check (No. _____)

Bank Transfer

Credit Card

SUBCONTRACTOR SIGNATURE

Date

RECEIVED BY (AUTHORIZED REPRESENTATIVE)

Date