SERVICE PAYMENT RECEIPT

Contractor Document

Receipt No: _____

Date: _____

CONTRACTOR / PROVIDER

Name:

Company:

Address:

Phone:

CLIENT / RECIPIENT

Name:

Company:

Address:

Phone:

Description of Services Rendered	Hours / Qty	Rate	Amount

PAYMENT METHOD

☐ Cash

☐ Check

☐ Credit Card

☐ Bank Transfer

Reference No:

Subtotal: _____

Tax: _____

Discount: _____

Total Paid: _____

Authorized Signature

Date: _____

Customer Signature

Date: _____