

Contractor:

Address:

Phone:

Email:

License No:

RECEIPT

Receipt No:

Date:

**Payment
Method:**

CLIENT INFORMATION

Client Name:

Address:

Phone:

Email:

PROJECT / JOB LOCATION

Project Name:

Address:

**Completion
Date:**

Description of Services / Materials	Qty / Hrs	Rate / Price	Amount

Description of Services / Materials	Qty / Hrs	Rate / Price	Amount

Subtotal	
Tax	
Total Amount Due	
Amount Paid	
Balance Due	

CONTRACTOR SIGNATURE

CLIENT SIGNATURE