

RECEIPT

RECEIPT NO: _____

DATE: _____

CLIENT DETAILS

NAME

ADDRESS

PHONE

EMAIL

PROJECT LOCATION

ADDRESS

CITY/STATE

PROJECT REF

CONTACT

DESCRIPTION OF WORK / MATERIALS	QUANTITY	UNIT PRICE	TOTAL
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METHOD OF PAYMENT

CASH

CHECK

CARD

BANK TRANSFER

PAYMENT NOTES

SUBTOTAL _____
TAX / VAT _____
AMOUNT PAID _____
BALANCE DUE _____

RECEIVED BY (AUTHORIZED SIGNATURE)

CLIENT SIGNATURE
