

RECEIPT

Services Rendered

Receipt No: _____

Date: _____

SERVICE PROVIDER

CLIENT / BILL TO

Description of Service	Hours/Qty	Rate	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal: _____

Tax / Fee: _____

Total Paid: _____

Payment Method: _____

AUTHORIZED SIGNATURE

CUSTOMER SIGNATURE