MOBILE DETAIL FLEET EXPENSE RECEIPT

Vehicle Cleaning & Detailing Services

Receipt No: _____

Date: _____

SERVICE PROVIDER

Company Name _____

Detailer Name _____

Phone Number _____

Email Address _____

FLEET CLIENT

Company Name _____

Authorized By _____

Account No _____

Contact Phone _____

UNIT / FLEET ID	VEHICLE MAKE, MODEL & YEAR	LICENSE PLATE / VIN	SERVICE DESCRIPTION (WASH, WAX, INTERIOR, ETC.)	AMOUNT

PAYMENT METHOD

- ☐ Credit / Debit Card
- ☐ Fleet Card / Account
- ☐ Corporate Check
- ☐ Net 30 Invoice

Subtotal _____

Tax / VAT _____

Discount _____

Total Paid _____

AUTHORIZED FLEET REPRESENTATIVE SIGNATURE

LEAD DETAILING TECHNICIAN SIGNATURE