

# RECEIPT

Date: \_\_\_\_\_  
Receipt No: \_\_\_\_\_

## CUSTOMER INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## SERVICE DETAILS

Service Date: \_\_\_\_\_  
Property Type: \_\_\_\_\_  
Frequency: \_\_\_\_\_  
Payment Method: \_\_\_\_\_

DESCRIPTION OF WINDOW CLEANING SERVICES	QTY / COUNT	UNIT PRICE	AMOUNT

Notes / Special Instructions:

Subtotal: \_\_\_\_\_

Tax:

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Total:

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Amount Paid:

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**Balance Due:**

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Customer Signature

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Authorized Signature

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Thank you for your business!