

PAYMENT RECEIPT

Receipt No: _____

Date: _____

CUSTOMER INFORMATION

Name: _____

Address: _____

Phone: _____

Email: _____

SERVICE DETAILS

Service: _____

Service Date: _____

Crew Size: _____

Hours: _____

DESCRIPTION OF DEEP CLEANING SERVICES	QTY/HRS	RATE	AMOUNT
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PAYMENT METHOD

- Cash
- Credit Card
- Check
- Bank Transfer

Transaction ID: _____

Payment Date: _____

Subtotal: _____

Tax/VAT: _____

Discount: _____

Total Paid: _____

AUTHORIZED SIGNATURE