

RECEIPT

Home Maintenance Services

Receipt No: _____

Date: _____

SERVICE PROVIDER

Company: _____

Provider: _____

Phone: _____

Email: _____

CUSTOMER INFO

Name: _____

Address: _____

Phone: _____

Email: _____

DESCRIPTION OF WORK / MATERIALS	QTY / HRS	RATE / PRICE	TOTAL AMOUNT

Payment Method

Cash

Check

Credit Card

Bank Transfer

Subtotal: _____

Tax / VAT: _____

Total Paid: _____

PROVIDER SIGNATURE

CUSTOMER SIGNATURE