
RECEIPT

Receipt No. _____

Date _____

CUSTOMER INFORMATION

Name

Address

Phone

Email

SERVICE DETAILS

Service Date

Service Type

Frequency

Cleaner Name

DESCRIPTION OF SERVICE / AREAS CLEANED	QTY / HRS	RATE	AMOUNT
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PAYMENT METHOD

- Cash
- Credit Card
- Check
- Bank Transfer

Transaction ID

Subtotal

Tax / VAT

Discount

Total Paid

CUSTOMER SIGNATURE

SERVICE PROVIDER SIGNATURE

Thank you for your business!