**SERVICE RECEIPT**

|  |  |
| --- | --- |
|  |  |

Date

**Customer Service Provider**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Name Name

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Address Address

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

City, State, Zip City, State, Zip

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

License Number

**Services Rendered**

|  |  |  |  |
| --- | --- | --- | --- |
| Description | Price | Qty | Total |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Subtotal $\_\_\_\_\_\_\_\_\_\_

Tax $\_\_\_\_\_\_\_\_\_\_

Grand Total $\_\_\_\_\_\_\_\_\_\_ Amount Paid $ \_\_\_\_\_\_\_\_\_\_ Balance Due $\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Paid by: | c Cash | c Credit | c Check: |  | c Other: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Authorized Signature Date