

CLEANING RECEIPT

Company Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

Date: _____

Receipt #: _____

Client Information

Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Description of Cleaning Services

Cleaning Services Rendered: _____

Initial Service Date: _____

Completion Date: _____

Service Charge: _____ Dollars (\$ _____)

Additional Expenses: _____ Dollars (\$ _____)

Description of Additional Expenses (Receipts Attached): _____

Subtotal: _____

Tax Rate: _____

Total Tax: _____

Amount Due: _____

Summary of Charge

The aforementioned Client paid the total amount of _____ Dollars

(\$ _____) in the form of (check one) Cash Credit (No. _____)

Check (No. _____) Other: _____.

Authorized Signature _____

