RECEIPT

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Date | Receipt # |
|  |  |
|  |  |  | |
| Total Paid: |  | Payment Method: | |
| $ |  | |
|  |  |  |
| Service Provider |  | Customer |
| [Company Name] | [Company Name] |
| [Address] | [Address] |
| [Phone Number] | [Phone Number] |
| [Email] | [Email] |
|  | | | |
| Services Provided | | | |
| Description | Hours | Rate Per Hour | Total |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Thank you for your business. | | Sub Total |  |
| Tax Rate |  |
| Sales Tax |  |
| Total |  |
|  | | | |
| Questions? | | | |
| Email us at questions@yourdomain.com or call us at 123-456-789 | | | |