

Cleaning Receipt

Company Name

City, State, ZIP Code

Address

Phone

Date

Receipt Number

Client Information

Company Name

City, State, ZIP Code

Address

Phone

Description of Cleaning Services

Cleaning services rendered: _____

Initial Service Date

Completion Date

Service charge: \$_____.

Additional expenses: \$_____.

Description of additional expenses: _____

Subtotal:	Tax rate:	Total tax:	Amount due:
\$_____	%_____	\$_____	\$_____

Summary of Charge

The aforementioned client paid the total amount of \$_____ in the form of:

- ☐ Cash.
- ☐ Credit card - [Number].
- ☐ Check - [Number].
- ☐ Other: _____.

Authorized Signature