

Oil Change Receipt

Company Name

City, State, ZIP Code

Address

Phone

Date

Receipt Number

Customer Name

City, State, ZIP Code

Address

Phone

Merchandise/Service Description	Unit Price	Quantity	Total
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
Notes:	Subtotal:		\$ _____
	Tax rate:		\$ _____
	Total tax:		\$ _____
	Total:		\$ _____

Amount paid: \$_____.

Payment made by:

☐ Cash.

☐ Check.

☐ Credit card.

☐ Other: _____.

Check/Credit card number: _____.

Name of service technicians(s): _____

Printed Name

Authorized Signature