

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