office printable .com

SALES RECEIPT

Service, labor and parts

RECEIPT NO.	DATE	JOB / WORK ORDER NO.	TECHNICIAN

CUSTOMER

Name _____

Service address _____

Phone / email _____

BUSINESS

Name _____

Address _____

Phone / license no. _____

Labor

Work performed	Hours	Rate	Amount

Labor total	

Parts and materials

Part / material	Qty	Unit price	Amount

Parts total	
Tax rate on parts (%)	
Sales tax	
Total paid	

PAYMENT METHOD

❑ Cash ❑ Card ❑ Check ❑ Bank transfer ❑ Store credit / other

Customer signature (work accepted) _____

Technician signature _____