CONTRACTOR RECEIPT

[Your Company Name]

Date: \_\_/\_\_/\_\_\_\_

[Your Company Motto/Slogan] RECEIPT #:

Our contracting services are guaranteed for [*period of time*] against material defects and labor. If you are not pleased with the service we provided, please contact us at [*Phone*] or [*email*].

[Address 1]

[Address 2]

[City, State, Zip]

[Phone]

[Fax]

|  |  |  |  |
| --- | --- | --- | --- |
| **Qty** | **Contract/Service Description** | **Price** | **Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Subtotal  Taxes  Labor  Fees/Others  Total |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SERVICE PERSON SIGNATURE  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CLIENT SIGNATURE |  |
|  |  |
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|  |  |