

DRY CLEANING RECEIPT

Company Name: _____
 Street Address: _____
 City, State, Zip: _____
 Phone: _____
 Fax: _____
 Email: _____
 Website: _____

Receipt #: _____

Date: _____

Name: _____

Phone: _____

Articles	QTY	Description	Cost
Suit			
Pants			
Shirt			
Blouse			
Skirt			
Dress			
Sweater			
Jacket			
Coat			
Blanket			
Comforter			
Tie			
Other			
Additional Comments:		Subtotal	
		Tax Rate	
		Total Tax	
		Amount Due	
Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Credit (No. _____) <input type="checkbox"/> Check (No. _____) <input type="checkbox"/> Other:			

Your dry cleaning will be ready for pick-up at _____ A.M. P.M. on the _____ of _____, 20____.

Clerk's Signature _____

WE ARE NOT RESPONSIBLE FOR ARTICLES LEFT OVER _____ DAYS

