

# HOUSE CLEANING RECEIPT

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

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

Receipt #: \_\_\_\_\_

## Description of Cleaning Services

Cleaning Services Rendered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

<b>Service Date:</b> _____	<b>Number of Service Persons:</b> _____
<b>Start Time:</b> _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<b>Finish Time:</b> _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
<b>Hourly Rate:</b> _____	<b>Total Charge:</b> _____

## Additional Expenses

Description of Additional Expenses (Receipts Attached): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Summary of Charge

<b>Payment Method:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Other: _____	<input type="checkbox"/> Check (No. _____) <input type="checkbox"/> Credit (No. _____)	Subtotal	
		Tax Rate	
		Total Tax	
		Total Amount Due	
		Amount Paid	
		Remaining Balance	

Authorized Signature \_\_\_\_\_

