

CAR OIL CHANGE RECEIPT

Date: _____

Receipt # _____

Company Name _____

Street Address _____

City, State, ZIP Code _____

Phone Number _____

Customer Name _____

Street Address _____

City, State, ZIP Code _____

Phone Number _____

Merchandise/Service Description	Unit Price	Quantity	Total
Notes:	Subtotal		
	Tax Rate		
	Total Tax		
	TOTAL		
Amount paid: _____ Dollars (\$_____)			
Payment made by: <input type="checkbox"/> Cash / <input type="checkbox"/> Credit Card / <input type="checkbox"/> Check / <input type="checkbox"/> Other _____			
Check/Card Number: _____			

Name of Service Technician(s): _____

Authorized Signature _____ Print Name _____

