

# CLEANING RECEIPT

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

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

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

## Client Information

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## Description of Cleaning Services

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

Initial Service Date: \_\_\_\_\_

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

**Service Charge:** \_\_\_\_\_ Dollars (\$ \_\_\_\_\_)

**Additional Expenses:** \_\_\_\_\_ Dollars (\$ \_\_\_\_\_)

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

**Subtotal:** \_\_\_\_\_

**Tax Rate:** \_\_\_\_\_

**Total Tax:** \_\_\_\_\_

**Amount Due:** \_\_\_\_\_

## Summary of Charge

The aforementioned Client paid the total amount of \_\_\_\_\_ Dollars

(\$ \_\_\_\_\_) in the form of (check one)  Cash  Credit (No. \_\_\_\_\_)

Check (No. \_\_\_\_\_)  Other: \_\_\_\_\_.

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

