

YOUR BUSINESS NAME

123 Main St, Dallas, TX 75201
(555) 555-0123 · you@yourbusiness.com
License # _____

RECEIPT

Receipt #: _____
Date: _____
Valid until: _____

BILL TO
Customer name
Address
City, State ZIP
Phone / email

JOB SITE
Customer name
Address
City, State ZIP
Phone / email

SCOPE OF WORK

Describe the work to be performed. Be specific — list locations, materials, and what's not included.

Description	Method	Reference	Date	Amount
Payment received — deposit	Check / ACH / Card	—	—	\$0.00
Payment received — progress	Check / ACH / Card	—	—	\$0.00
Payment received — final	Check / ACH / Card	—	—	\$0.00

Total paid \$0.00

Balance remaining \$0.00

TOTAL RECEIVED \$0.00

TERMS & CONDITIONS

- This receipt confirms payment received on the date listed above.
- Retain for your records. Replacement receipts issued by request only.
- Outstanding balances (if any) remain due per the original invoice terms.

Customer signature

Authorized signature

Date

Date