

Itemized Service Receipt

Receipt #

Date

Service Provider

Client

Description of Service	Hours/Qty	Rate/Unit	Line Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Subtotal

Tax

Total

Notes

Provider Signature

Date