

# Equipment Repair Service Receipt

Date: \_\_\_\_\_  
Receipt #: \_\_\_\_\_  
Technician: \_\_\_\_\_  
Contact: \_\_\_\_\_

## Client Information

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_

## Equipment Details

Description	Model/Serial #	Received Condition

## Repair Summary

## Service Charges

Description	Qty	Unit Price	Amount
Subtotal			
Tax			
Total			

Authorized By: \_\_\_\_\_  
Client Signature: \_\_\_\_\_

Thank you for your business.