

# Plumbing Repair Service Receipt

Receipt No.

Date

Company Name

Phone

Address

Customer Name

Phone

Address

Service Description

Item / Service	Quantity	Unit Price	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subtotal			<input type="text"/>
Tax			<input type="text"/>
Total Amount			<input type="text"/>

Item / Service	Quantity	Unit Price	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"/>
Subtotal			<input type="text"/>
Tax			<input type="text"/>
Total Amount			<input type="text"/>

**Additional Notes**

Authorized Signature

Customer Signature