

RECEIPT

FROM

Your business name _____

Address _____

Phone · email _____

RECEIVED FROM

Client name _____

Client address _____

Phone · email _____

RECEIPT #	DATE PAID	FOR INVOICE #
_____	_____	_____
ADDRESS CLEANED	PAYMENT METHOD	
_____	_____	

DESCRIPTION	QTY × RATE	AMOUNT
Standard clean / deep clean / move-out		
Hours × rate (if hourly)		
Extras: oven, fridge, windows		
Carpet or upholstery		
Supplies / travel fee		
Tip (optional)		

NOTES

Received with thanks. This receipt confirms payment for the cleaning service listed above. Satisfaction guaranteed: tell us within 24 hours and we will re-clean the area at no charge.

Amount received

Balance remaining

TOTAL PAID _____