

# Service Center Official Receipt

Receipt No.:

Date:

Customer Name:

Contact Number:

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"/>
Grand Total			<input type="text"/>

Payment Method: ☐ Cash ☐ Credit Card ☐ Other

Remarks:

Received By: