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**CONSTRUCTION RECEIPT TEMPLATE**

|  |  |
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| **YOUR LOGO** | RECEIPT |
| Company Name123 Main StreetHamilton, OH 44416(321) 456-7890Email Address |  | DATE OF INVOICE | INVOICE NO.  |
|  |   |   |
|  |
|  | DATE OF WORK |
|  | DATE BEGINNING | DATE ENDING |
|  |  |  |  |  |   |   |
| CLIENT |   |   |  |
| ATTN: Name / DeptCompany Name123 Main StreetHamilton, OH 44416(321) 456-7890Email Address |  |  |  |  |  |
|  | PAYMENT DUE BY: |   |
|  |
|  |  |  |  |  |
|  | PAYABLE TO: |   |
|  |
|  |  |  |  |  |  |  |  |  |
| **QTY** | **MATERIAL** | **RATE** | **TOTAL** |  | **DESCRIPTION OF WORK** |
|   |   |   |   |  |   |
|  |
|   |   |   |   |  |
|  | **LABOR** | **HOURS** | **RATE** | **AMOUNT** |
|   |   |   |   |  |   |   |   |   |
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|  |
|   |   |   |   |  | **TOTAL LABOR** |  |
|  | **MISCELLANEOUS CHARGES** |
|   |   |   |   |  |   |   |
|  |   |   |
|   |   |   |   |  |   |   |
|  |   |   |
| **TOTAL MATERIALS** |  |  | **TOTAL MISCELLANEOUS** |  |
| CUSTOMER SIGNATURE | DATE |  |  |  |  |  |
|   |   |  | **TOTAL MATERIALS** |  |
|  | **TOTAL LABOR** |  |
| AUTHORIZED SIGNATURE | DATE |  | **TOTAL MISCELLANEOUS** |  |
|   |   |  | **SUBTOTAL** |  |
|  | **TAX RATE** |  |
| *For questions concerning this invoice, please contact* |  | **TOTAL TAX** |  |
| Name, (321) 456-7890, Email Address |  | **TOTAL** |  |

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