

CLIENT NAME: _____

DATE: _____

APPOINTMENT TIME: _____

ITEMIZED RECEIPT

FULL SETS	PRICE

FILL INS	PRICE

PEDICURE SERVICES	PRICE

ADD ONS	PRICE

DISCOUNTS	PRICE

SUBTOTAL : _____
DISCOUNTS : _____
FINAL TOTAL : _____

THANK YOU FOR CHOOSING ME FOR YOUR NAIL CARE NEEDS!