



HEAVEN'S GATE

## RECEIPT

Receipt No: **001**

Date: \_\_\_\_\_

Room # \_\_\_\_\_

Guest Name: \_\_\_\_\_

Service: \_\_\_\_\_

Therapist: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Service Amount \$ \_\_\_\_\_

Discount % \_\_\_\_\_

Total \$ \_\_\_\_\_

Guest Signature: \_\_\_\_\_

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