Nail Salon Receipt

NAME _____

NAIL TECH _____ DATE _____

		SERVICE	AMOUNT
	1	MANICURE	
	2	PEDICURE	
	3	FULL SET	
	4	Sculptured	
	5	Acrylic Tip Overlay	
	6	Fiberglass	
	7	Gels	
	8	Tips only	
	9	FILL-IN's	
	10	POLISH CHANGE	
	11	NAIL REPAIR	
	12	REFLEXOLOGY	
	13	HOT OIL	
	14	PARAFFIN	
	15	WAXING	
	16	NAIL ART	
	17	Misc.	
	18	Retail	
		TOTAL	

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