

RECEIPT

Receipt No: _____

Date: _____

CLIENT INFORMATION

Company Name: _____

Representative: _____

Tax ID / EIN: _____

Address: _____

AUDIT & TAX PERIOD

Fiscal Year: _____

Audit Scope: _____

Filing Status: _____

Jurisdiction: _____

ITEM	SERVICE DESCRIPTION	HOURS / QTY	RATE	LINE TOTAL
1				
2				
3				
4				

PAYMENT DETAILS

Payment Method: _____

Transaction Ref: _____

Notes: _____

Subtotal: _____

Tax / VAT: _____

Total Paid: _____

Balance Due: _____

AUTHORIZED SIGNATURE

CLIENT ACKNOWLEDGMENT