MILESTONE PAYMENT ACKNOWLEDGEMENT

Official Contractor Receipt

Receipt Number:

Date Issued:

Project Name:

Contract Date:

FROM (CONTRACTOR)

Name:

Company:

Address:

Email/Tel:

TO (CLIENT)

Name:

Company:

Address:

Email/Tel:

MILESTONE #	MILESTONE DESCRIPTION	AMOUNT PAID

Payment Method:	
Transaction / Reference ID:	
Remaining Contract Balance:	

By signing below, the Contractor acknowledges and declares receipt of the milestone payment amount specified above. This payment constitutes full and final satisfaction of the obligation for the designated milestone under the terms of the agreed-upon contract.

Contractor Signature

Date

Client Signature (Received By)

Date