

RECEIPT

Freelance Consulting Services

Receipt No: _____

Date: _____

CONSULTANT

Name

Company

Address

Email/Phone

CLIENT

Name

Company

Address

Email/Phone

DATE	DESCRIPTION OF SERVICES / DELIVERABLES	HOURS	RATE	LINE TOTAL

PAYMENT METHOD & DETAILS

Subtotal _____

Tax / VAT _____

Total Paid _____

Consultant Signature

Client Signature (Acknowledgment)