

ADMINISTRATIVE SERVICES

Invoice & Receipt

Date: _____

Invoice No: _____

Receipt No: _____

SERVICE PROVIDER

Name/Company: _____

Tax ID/EIN: _____

Phone: _____

Email: _____

CLIENT INFORMATION

Client Name: _____

Company: _____

Phone: _____

Email: _____

DESCRIPTION OF ADMINISTRATIVE SERVICES	HOURS / QTY	RATE	TOTAL AMOUNT

Subtotal _____
Tax / VAT _____
Discount _____

Total Due

Amount Paid

Payment Method

Balance Outstanding

Terms & Notes

AUTHORIZED SIGNATURE

CLIENT SIGNATURE (ACKNOWLEDGMENT)