RECEIPT

Receipt No: _____

Date: _____

Invoice Ref: _____

CLIENT INFORMATION

PROJECT / CONSULTATION DETAILS

DESCRIPTION OF SERVICES	HOURS / QTY	RATE	TOTAL AMOUNT

Payment Method

- ☐ Bank Transfer
- ☐ Credit Card
- ☐ Check
- ☐ PayPal / Other

Subtotal: _____

Tax / VAT: _____

Total Paid: _____

AUTHORIZED SIGNATURE