



SERVICE DELIVERY RECEIPT

Receipt No: _____

Date: _____

Project Ref: _____

SERVICE PROVIDER

Consultant: _____

Company: _____

Address: _____

Email/Phone: _____

CLIENT DETAILS

Client Name: _____

Company: _____

Address: _____

Email/Phone: _____

DESCRIPTION OF MANAGEMENT CONSULTING SERVICES DELIVERED	HOURS / QTY	RATE	TOTAL
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PAYMENT INFORMATION

Method: _____

Reference No: _____

Status:

Subtotal:

Tax / VAT:

Total Paid:

Balance Due:

DELIVERED BY (CONSULTANT SIGNATURE)

RECEIVED & ACCEPTED BY (CLIENT SIGNATURE)