
PAYMENT RECEIPT

Business Administration Services

RECEIPT DETAILS

Receipt No: _____

Date: _____

Payment Date: _____

CUSTOMER INFO

Client Name: _____

Company: _____

Email/Phone: _____

DESCRIPTION OF ADMINISTRATIVE SERVICES	HOURS / QTY	RATE	TOTAL

Subtotal _____

Tax / VAT _____

Total Paid _____

PAYMENT METHOD

- Bank Transfer
 Credit Card
 Cash
 Check

Transaction Reference / Notes:

Authorized Signature

