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\_\_\_\_\_  
\_\_\_\_\_

# RECEIPT

Receipt No. \_\_\_\_\_  
Date \_\_\_\_\_

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## CONTRACTOR / CONSULTANT INFO

NAME

\_\_\_\_\_

COMPANY

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

PHONE/EMAIL

\_\_\_\_\_

## CLIENT INFO

NAME

\_\_\_\_\_

COMPANY

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

PHONE/EMAIL

\_\_\_\_\_

DESCRIPTION OF SERVICES	HOURS / QTY	RATE	TOTAL

## PAYMENT METHOD

Cash

Check

Bank Transfer

Credit Card

**Subtotal**

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**Tax / VAT**

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**Total Paid**

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CONTRACTOR / CONSULTANT SIGNATURE

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CLIENT SIGNATURE / ACKNOWLEDGMENT