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# RECEIPT

Receipt No: \_\_\_\_\_  
Date: \_\_\_\_\_  
Account No: \_\_\_\_\_

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## CLIENT INFORMATION

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email/Phone: \_\_\_\_\_

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## BILLING PERIOD & TERMS

Start Date: \_\_\_\_\_  
End Date: \_\_\_\_\_  
Project Ref: \_\_\_\_\_  
Payment Date: \_\_\_\_\_

ADMINISTRATIVE SERVICE DESCRIPTION	HOURS / QTY	RATE	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal: \_\_\_\_\_  
Tax / VAT: \_\_\_\_\_  
Adjustments: \_\_\_\_\_  
**Total Paid:** \_\_\_\_\_

**METHOD OF PAYMENT**

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- Bank Transfer
- Credit Card
- Check
- Other

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AUTHORIZED SIGNATURE