

RETAINER PAYMENT RECEIPT

Receipt No: _____

Date: _____

RECEIVED FROM

Client Name: _____

Company: _____

Address: _____

Email/Phone: _____

RETAINER PERIOD

Month/Year: _____

Start Date: _____

End Date: _____

DESCRIPTION OF SERVICES COVERED UNDER RETAINER	AMOUNT PAID
Total Amount Paid:	

Payment Method:

Bank Transfer

Credit Card

Check

Cash

Other

RECEIVED BY (SIGNATURE)

DATE