

RECEIPT / INVOICE

Date: _____
Invoice No: _____
Receipt No: _____

CLIENT INFORMATION

Client Name: _____
Contact No: _____
Email: _____
Billing Addr: _____

EVENT INFORMATION

Event Type: _____
Event Date: _____
Venue/Location: _____
Guest Count: _____

SERVICE / ITEM DESCRIPTION	QTY	UNIT PRICE	TOTAL AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PAYMENT METHOD

- Cash
- Credit Card
- Bank Transfer
- Check

Card/Check No: _____
Transaction ID: _____

Subtotal: _____
Tax / VAT: _____
Discount: _____
Total Paid: _____
Balance Due: _____

AUTHORIZED SIGNATURE

CUSTOMER SIGNATURE
