

RECEIPT

Receipt No: _____

Date: _____

CONSULTANT DETAILS

CLIENT DETAILS

DESCRIPTION OF ADVISORY SERVICES	HOURS / QTY	RATE	TOTAL
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METHOD OF PAYMENT

- Bank Transfer
 Credit Card
 Check
 Cash

Transaction Ref / Check No: _____

Subtotal: _____

Tax / VAT: _____

Total Paid: _____

Balance Due: _____

AUTHORIZED SIGNATURE

CLIENT SIGNATURE (ACKNOWLEDGMENT)

Thank you for your business. For any inquiries regarding this receipt, please contact us.