

# IT CONSULTING RECEIPT

Monthly Service & Invoice Record

Receipt No: \_\_\_\_\_

Date: \_\_\_\_\_

Billing Month: \_\_\_\_\_

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## CONSULTANT / SERVICE PROVIDER

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

## CLIENT / RECIPIENT

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

DESCRIPTION OF IT SERVICES RENDERED	HOURS	RATE	AMOUNT

## Payment Information

Payment Method: \_\_\_\_\_

Transaction ID: \_\_\_\_\_

Payment Date: \_\_\_\_\_

Subtotal: \_\_\_\_\_

Tax / VAT: \_\_\_\_\_

Total Paid: \_\_\_\_\_

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CLIENT ACKNOWLEDGMENT