MILESTONE PAYMENT RECEIPT

Service Confirmation Document

Receipt No: _____

Date: _____

Service Provider

Company Name:

Representative:

Address:

Email/Phone:

Client

Company Name:

Representative:

Address:

Email/Phone:

Project & Milestone Reference

Project Name:

Agreement Date:

Milestone No.	Description of Deliverables Completed	Milestone Value

Payment Method

☐ Bank Transfer
☐ Credit Card
☐ Cheque
☐ Other

Transaction Ref No:

Subtotal: _____

Tax / VAT:	
Total Paid:	
Remaining Balance:	

Authorized Representative (Provider)

Date:

Authorized Representative (Client)

Date: