

# RETAINER DEPOSIT RECEIPT

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

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

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## RECEIVED FROM (CLIENT)

Client Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

## RECEIVED BY (PROVIDER)

Company Name: \_\_\_\_\_

Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

DESCRIPTION OF SERVICES / MATTER	AMOUNT RECEIVED
<b>Total Retainer Deposit:</b>	

## PAYMENT METHOD

- Cash
- Check (No. \_\_\_\_\_)
- Credit Card
- Bank Transfer

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Authorized Representative Signature

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Date Signed

