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# RECEIPT

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

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

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## CLIENT INFORMATION

Client Name

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Contact Person

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Phone

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Email

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## EVENT DETAILS

Event Type

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Event Date

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Venue

-----

Guest Count

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DESCRIPTION OF EVENT SERVICES	QTY	UNIT RATE	AMOUNT

## PAYMENT METHOD

- Cash
- Card
- Check
- Transfer

Reference No.

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Subtotal \_\_\_\_\_

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

Discount \_\_\_\_\_

**Total Paid** \_\_\_\_\_

**Balance Due** \_\_\_\_\_

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*Thank you for letting us organize your special event!*

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AUTHORIZED SIGNATURE