

RECEIPT

Hourly Administrative Services

Receipt No:

Date:

SERVICE PROVIDER

CLIENT / RECIPIENT

_____	_____
_____	_____
_____	_____
_____	_____

DATE	DESCRIPTION OF ADMINISTRATIVE SERVICES	HOURS	RATE / HR	TOTAL

SUBTOTAL	
TAX / VAT	
TOTAL PAID	

METHOD OF PAYMENT

- Cash Check (No. _____) Credit / Debit Card Bank Transfer

AUTHORIZED SIGNATURE

CLIENT SIGNATURE (ACKNOWLEDGMENT)