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\_\_\_\_\_  
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# RECEIPT

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

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## RECEIVED FROM

Name / Co:

Address:

Phone / Email:

## ACCOUNT DETAILS

Client Ref:

Invoice Ref:

Tax ID / VAT:

Prepared By:

Description of Accounting Services	Hours / Qty	Rate	Amount

## Payment Method

- Cash
- Check
- Bank Transfer
- Credit Card

Transaction ID:

Notes:

Subtotal \_\_\_\_\_  
Tax / VAT \_\_\_\_\_  
**Total Paid** \_\_\_\_\_  
Balance Due \_\_\_\_\_

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Authorized Representative Signature

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Customer Signature

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Thank you for your business.