

RECEIPT

Freelance Consultant Billable Hours

Receipt No: _____

Date: _____

Payment Ref: _____

CONSULTANT / PROVIDER

CLIENT

DATE	DESCRIPTION OF SERVICES	HOURLY RATE	HOURS	LINE TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PAYMENT METHOD & REMARKS

Subtotal: _____

Tax / Adjustments: _____

Total Paid: _____

CONSULTANT SIGNATURE

AUTHORIZED CLIENT SIGNATURE
