

RETAINER RECEIPT

MONTHLY BUSINESS SERVICES

Receipt No:

Date:

SERVICE PROVIDER

Company Name:

Address:

Email:

Phone:

CLIENT INFORMATION

Client Name:

Company Name:

Address:

Email / Phone:

RETAINER PERIOD & PAYMENT DETAILS

Retainer Month:

Payment Method:

Reference/Check No:

Payment Status:

SERVICE DESCRIPTION / RETAINER SCOPE	HOURS INCLUDED	AMOUNT PAID

Subtotal

Tax / VAT

Total Paid

Authorized Representative Signature

Date

Thank you for your business. This receipt confirms payment for the retainer services specified above. Services rendered beyond the scope of the monthly retainer agreement will be invoiced separately.