RECEIPT

Date:

Receipt No:

CLIENT INFORMATION

Client Name:

Email:

Phone:

SESSION DETAILS

Event/Session:

Date of Session:

Location:

PACKAGE / SERVICE DESCRIPTION	QTY	RATE	AMOUNT

Subtotal:

Tax:

Total:

Amount Paid:

Balance Due:

PAYMENT METHOD

☐ Cash

☐

Check
☐
Credit Card
☐
Bank Transfer

Thank you for letting us capture your memories.