

RECEIPT

PROFESSIONAL SERVICES RENDERED

Receipt No: _____

Date: _____

Payment Ref: _____

CONTRACTOR / PROVIDER

Name:

Company:

Address:

Phone/Email:

CLIENT / RECIPIENT

Name:

Company:

Address:

Phone/Email:

| DESCRIPTION OF SERVICES RENDERED | HOURS/QTY | RATE | LINE TOTAL |
|----------------------------------|-----------|------|------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

PAYMENT METHOD

- Cash
- Check
- Bank Transfer
- Credit Card
- Other

Notes/Memo:

Subtotal:

Tax / VAT:

Discount:

Total Paid:

AUTHORIZED SIGNATURE (CONTRACTOR)

DATE RECEIVED