

RETAINER RECEIPT

Receipt No.	
Date	

CLIENT INFORMATION

Client Name:

Company:

Address:

Phone / Email:

PAYMENT INFORMATION

Payment Date:

Payment Method:

Cash

Reference No:

Check

Card

DESCRIPTION OF ACCOUNTING SERVICES COVERED	AMOUNT

Total Retainer Received:

Terms & Conditions:

This receipt acknowledges the payment of the retainer fee for professional accounting services. This retainer is held on account and will be applied against future invoices for services rendered, unless otherwise specified in the engagement agreement. Any unused portion of the retainer will be refunded or carried forward as agreed upon in the terms of engagement.

Authorized Signature

Client Signature