

RECEIPT

Receipt No: _____

Date: _____

Project ID: _____

SERVICE PROVIDER

Company: _____

Address: _____

Email: _____

Phone: _____

CLIENT DETAILS

Client Name: _____

Company: _____

Address: _____

Email: _____

INTEGRATION SERVICE / SOFTWARE COMPONENT DESCRIPTION	QTY / HOURS	UNIT RATE	TOTAL AMOUNT

PAYMENT INFORMATION

Method: _____

TXN ID: _____

Status: _____

Subtotal: _____

Tax / VAT: _____

Discount: _____

Total Paid: _____

AUTHORIZED REPRESENTATIVE SIGNATURE

CLIENT ACKNOWLEDGMENT SIGNATURE

Thank you for choosing our custom software integration services.