HOURLY CONSULTING FEE RECEIPT

Receipt No: _____

Date: _____

CONSULTANT INFORMATION

Name

Company

Address

Phone/Email

CLIENT INFORMATION

Name

Company

Address

Phone/Email

DESCRIPTION OF CONSULTING SERVICES	HOURS	HOURLY RATE	TOTAL

PAYMENT METHOD

☐ Cash

☐ Check

☐ Card

☐ Bank Transfer

Transaction/Check No.

Subtotal _____

Tax/VAT _____

Total Paid _____

Thank you for your business.

_____

AUTHORIZED SIGNATURE