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RECEIPT

Receipt No: _____

Date: _____

CONSULTANT / PROVIDER

.....
.....
.....

CLIENT

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.....

RETAINER AGREEMENT REFERENCE

Agreement Date: _____

Retainer Period: _____

DESCRIPTION OF CONSULTING SERVICES / RETAINER ALLOCATION	HOURS / RATE	AMOUNT

Payment Method:

- Check Check No: _____
- Bank Transfer
- Credit Card
- Other: _____

Subtotal _____

Tax Rate / Tax _____

Total Paid _____

Remaining Retainer
Balance _____

AUTHORIZED REPRESENTATIVE SIGNATURE

DATE: _____

CLIENT SIGNATURE

DATE: _____