RECEIPT

Receipt No.

Date

CLIENT INFORMATION

Name

Phone

Email

Address

EVENT INFORMATION

Event Type

Event Date

Venue/Location

Coordinator

SERVICE DESCRIPTION	HOURS/QTY	RATE	AMOUNT

PAYMENT METHOD

Cash
Check
Credit Card
Bank Transfer
Online Payment

Transaction ID

Subtotal	
Tax / VAT	
Total Amount	
Amount Paid	
Balance Due	

AUTHORIZED REPRESENTATIVE SIGNATURE

CLIENT SIGNATURE