



PAYMENT RECEIPT

Receipt No: _____

Date: _____

Payment Method: _____

MARKETING SERVICE PROVIDER

BILLED TO

DESCRIPTION OF MARKETING RETAINER SERVICES	QTY	UNIT RATE	TOTAL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal: _____

Tax/VAT: _____

Total Paid: _____

Authorized Representative _____

Client Acknowledgment _____

Thank you for your business and ongoing partnership.

