

OFFICIAL RECEIPT

Receipt No.	
Date	

RECEIVED FROM

Client Name:

Company:

Address:

Contact Email/Phone:

DESCRIPTION OF ADMINISTRATIVE / CLERICAL SERVICES	HOURS / QTY	RATE	AMOUNT

METHOD OF PAYMENT

- Cash
- Check (No. _____)
- Bank Transfer
- Credit/Debit Card

Subtotal _____
Tax / VAT _____
Total Paid _____

Customer Signature

Authorized Representative

Thank you for your business.