

RECEIPT

Receipt No. _____
Date _____

BILL TO

Client Name _____
Company _____
Address _____
Email/Phone _____

DESCRIPTION OF ADVISORY SERVICES	HOURS / QTY	RATE	TOTAL

Subtotal _____
Tax / VAT _____
Total Paid _____

PAYMENT METHOD

- ☐ Bank Transfer
☐ Credit Card
☐ Check

AUTHORIZED REPRESENTATIVE