

RETAINER RECEIPT

Consulting Services Deposit

Receipt No: _____

Date: _____

CONSULTANT / PROVIDER

Company:

Name:

Address:

Email/Phone:

CLIENT

Company:

Name:

Address:

Email/Phone:

DESCRIPTION OF CONSULTING SERVICES / PROJECT	DEPOSIT AMOUNT
_____	_____

METHOD OF PAYMENT

- Bank Transfer
- Credit Card
- Check (No. _____)
- Other

Terms of Retainer: This receipt acknowledges deposit of the retainer amount specified above. This retainer is holding payment for professional consulting services to be rendered in accordance with the agreed-upon consulting contract or service agreement. The retainer will be applied to future invoices, or held to secure project booking, as defined in the consulting agreement.

Received By (Consultant Signature)

Date: _____

Paid By (Client Signature)

Date: _____