RECEIPT / INVOICE

Date:

Invoice No:

Receipt No:

CLIENT INFORMATION

CONSULTANT / ADVISOR

DESCRIPTION OF CONSULTING SERVICES	HOURS / QTY	RATE	TOTAL AMOUNT

PAYMENT INFORMATION

Method of Payment:

Transaction ID / Ref:

Payment Date:

Subtotal:

Tax / VAT:

Adjustment / Discount:

Total Paid:

Balance Due:

Authorized Representative Signature

Client Acceptance Signature

Thank you for choosing our financial consulting services. Please retain this receipt for your records.

For inquiries regarding financial advisory, consulting terms, or billing questions, please contact the advisor listed above.