

RECEIPT

Receipt No: _____

Date: _____

ACCOUNTING SERVICE PROVIDER

Name: _____

Address: _____

Phone: _____

Email: _____

CLIENT DETAILS

Client Name: _____

Company: _____

Phone: _____

Email: _____

CONSULTATION DESCRIPTION / SERVICE RENDERED	HOURLY RATE	HOURS WORKED	LINE TOTAL
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PAYMENT METHOD

Bank Transfer

Credit / Debit Card

Cash

Check

Subtotal: _____

Tax / VAT: _____

Total Paid: _____

AUTHORIZED SIGNATURE

CLIENT SIGNATURE