RECEIPT

Incremental Project Milestone Payment

Receipt No:

Date:

Payment Method:

FROM (SERVICE PROVIDER)

TO (CLIENT)

Project Name:

Project ID / Contract Reference:

MILESTONE #	DESCRIPTION OF DELIVERABLE(S)	COMPLETION DATE	AMOUNT PAID

Total Project Value:

Total Previously Paid:

CURRENT AMOUNT PAID:

Remaining Project Balance:

Authorized Representative Signature
(Service Provider)

Client Signature / Acknowledgment
(Receiver)