

PAYMENT RECEIPT

Consulting Services

Receipt No: _____

Date: _____

CONSULTANT

Name: _____

Company: _____

Email/Phone: _____

CLIENT

Name: _____

Company: _____

Email/Phone: _____

DESCRIPTION OF SERVICES	HOURS / QTY	RATE	TOTAL

Payment Method

Bank Transfer

Credit Card

Check

Other

Transaction Ref: _____

Subtotal: _____

Tax / VAT: _____

Total Paid:

CONSULTANT SIGNATURE

DATE