DEPOSIT RECEIPT

Receipt No: _____

Date: _____

RECEIVED FROM

Name:

Address:

Phone:

Email:

PROJECT / REFERENCE

Reference No:

Description:

Target Date:

Contact Person:

DESCRIPTION OF GOODS / SERVICES	ESTIMATED TOTAL AMOUNT

PAYMENT METHOD

☐ Cash

☐ Check

☐ Credit Card

☐ Bank Transfer

☐ Other

Total Est. Cost: _____

Deposit Received: _____

Remaining Balance: _____

_____

Received By (Authorized Signature)

_____

Customer Signature

Thank you for your deposit. Please retain this receipt for your records. The remaining balance is due upon completion or as otherwise agreed.