RECEIPT

Receipt No:

Date:

CLIENT INFORMATION

Name:

Phone:

Email:

Address:

EVENT DETAILS

Event Date:

Venue:

Guest Count:

Event Type:

SERVICES & CHARGES BREAKDOWN

Subtotal:

Tax:

Grand Total:

Deposit Paid:

Deposit Date / Method:

Balance Paid:

Balance Date / Method:

Remaining Balance:

CLIENT SIGNATURE

Date: _____

AUTHORIZED REPRESENTATIVE

Date: _____

Thank you for your business!