

RETAINER RECEIPT

ADVANCE PAYMENT

RECEIPT NO: _____

DATE: _____

RECEIVED FROM

RECEIVED BY (SERVICE PROVIDER)

PAYMENT INFORMATION

Payment Method: _____

Reference/Check No: _____

DESCRIPTION OF SERVICES / RETAINER PURPOSE	AMOUNT

Subtotal _____

Tax / VAT _____

Total Paid

Terms & Conditions of Retainer:

This payment constitutes an advance retainer for professional services to be rendered. This fee will be held in trust or applied directly against future billings/invoices in accordance with the signed service agreement. Any unused portion of this retainer will be handled according to the terms specified in the principal contract.

AUTHORIZED SIGNATURE

CUSTOMER / CLIENT SIGNATURE