

ADMINISTRATIVE SERVICES

BILLING RECEIPT

Receipt No: _____

Date: _____

PROVIDER INFORMATION

Company / Name

Address

Phone

Email

CLIENT INFORMATION

Client Name

Company

Address

Email / Phone

DESCRIPTION OF ADMINISTRATIVE SERVICES	HOURS / QTY	RATE	TOTAL

Subtotal

Tax / VAT

Total Paid

Payment Method:

Cash

- Bank Transfer
- Card
- Check

Authorized Signature