

FINAL PAYMENT RECEIPT

RECEIPT NO: _____

DATE: _____

CLIENT INFORMATION

Client Name: _____

Address: _____

Phone / Email: _____

PROJECT INFORMATION

Project Name: _____

Project Location: _____

Contract No: _____

DESCRIPTION	AMOUNT
Original Contract Sum	
Total Approved Change Orders	
Adjusted Total Contract Sum	
Less: Total Prior Payments Received	
FINAL PAYMENT RECEIVED	
Remaining Balance Due	

Payment Method: _____

Transaction Ref
No: _____

The undersigned Contractor hereby acknowledges receipt of the Final Payment specified above. By signing below, and upon clearing of the final payment funds, the Contractor acknowledges that the contract price has been paid in full, and all work required under the referenced project contract has been completed.

AUTHORIZED REPRESENTATIVE SIGNATURE

Date: _____

CLIENT ACKNOWLEDGMENT SIGNATURE

Date: _____